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PHYSICIAN'S ORDER SHEET

Post-Op Orders: Dr. Gregory Butler

PATIENT IDENTIFICATION

ABBREVIATIONS		Check (✓) As Transcribed	ALLERGY		
DO NOT USE	USE		INDICATE RATIONALE FOR MEDICATION ORDERS		R A T I O N A L E
QD	Daily		Date:	Time:	
			[1] Admit to Recovery Room.		
QOD	Every Other Day		[2] S / P Eye Surgery.		
			[3] Condition: Stable.		
QID	4 Times a Day		[4] Per Routine.		
			[5] Activities: OOB; bend at waist; no heavy lifting; sleep on		
U	Units		side opposite surgery.		
			[6] IV Fluids: Discontinue when tolerating P.O. fluids.		
UG	Microgram		Physician's Signature / Title:		Date:
			M.D.		Pager:
CC	ML		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:
2mg	0.2mg		Date:	Time:	
			[7] Meds: Tylenol 650 mg; PRN mild to moderate pain.		
10.0mg	10mg		Call Dr. Butler (202-269-8200) for severe pain.		
			[8] Discharge: When stable, with / without eye patch overnight.		
MS or MSO ₄	Morphine Sulfate		[9] Follow-Up: Dr. Butler's office 7:30am morning after surgery.		
			(Dr. Butler will instruct on use of drops after		
MG or MgSO ₄	Magnesium Sulfate		patch is removed)		
			[10] Eye Kit to home with Patient.		
OS	Left Eye				
OU	Both Eyes				
OD	Right Eye				
AS	Left Ear		Physician's Signature / Title:		Date:
			M.D.		Pager:
AU	Both Ears		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:
AD	Right Ear				

PART OF THE MEDICAL RECORD