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# PHYSICIAN'S ORDER SHEET

Post-Op Orders: Dr. \_\_\_\_\_

PATIENT IDENTIFICATION

ABBREVIATIONS		Check (✓) As Transcribed	ALLERGY		
<b>DO NOT USE</b>	<b>USE</b>		<b>INDICATE RATIONALE FOR MEDICATION ORDERS</b>		<b>R A T I O N A L E</b>
<b>QD</b>	<b>Daily</b>		<b>Date:</b>	<b>Time:</b>	
			[1] Admit to Recovery Room with Vital Signs per Routine.		
<b>QOD</b>	<b>Every Other Day</b>		[2] S / P Right / Left Cataract Surgery.		
			[3] Condition: Stable.		
<b>QID</b>	<b>4 Times a Day</b>		[4] Dressing: Eye Pad and Eye Shield on Left / Right Eye.		
			[5] Medications: Diamox 500 mg po in Recovery Room, if not		
<b>U</b>	<b>Units</b>		allergic to Sulfa.		
<b>UG</b>	<b>Microgram</b>		Pilocarpine Ophthalmic solution (one gtt.) to Left / Right		
			prior to Discharge.		
			<b>Physician's Signature / Title:</b>		<b>Date:</b>
			M.D.		<b>Pager:</b>
<b>CC</b>	<b>ML</b>		<b>Faxed By/Time:</b>	<b>NURSE'S Signature / Title:</b>	<b>Date:</b>
					<b>Time:</b>

<b>2mg</b>	<b>0.2mg</b>		<b>Date:</b>	<b>Time:</b>	
			[6] Discharge Home per Anesthesia guidelines.		
<b>10.0mg</b>	<b>10mg</b>				
<b>MS or MSO<sub>4</sub></b>	<b>Morphine Sulfate</b>				
<b>MG or MgSO<sub>4</sub></b>	<b>Magnesium Sulfate</b>				
<b>OS</b>	<b>Left Eye</b>				
<b>OU</b>	<b>Both Eyes</b>				
<b>OD</b>	<b>Right Eye</b>				
<b>AS</b>	<b>Left Ear</b>		<b>Physician's Signature / Title:</b>		<b>Date:</b>
			M.D.		<b>Pager:</b>
<b>AU</b>	<b>Both Ears</b>		<b>Faxed By/Time:</b>	<b>NURSE'S Signature / Title:</b>	<b>Date:</b>
<b>AD</b>	<b>Right Ear</b>				<b>Time:</b>

**PART OF THE MEDICAL RECORD**