HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL

PATIENT CARE ORDERS

SH 410 MR

410

☐ Inpatient
☐ Outpatient
☐ ED

HT (cm): _____ **WT (kg):** _____

DO NOT USE ABBREVIATIONS: U, IU, Q.D., Q.O.D., Trailing zero (X.0 mg), Lack of leading zero (.X mg), MS, MSO_4, $MgSO_4$, µg, T.I.W., A.S., A.D., A.U.

An Indication must be written for: • All prn orders
• Cytotoxic agents, when not being used for treating malignancy

Allergies/Sensitivities	Adverse Reactions

Date & Time	NON-DRUG ORDERS
	ADMIT TO (Attending MD and Floor):
	Diagnosis:
	Signature/ Title:

START NEW SHEET WHEN NO COPIES REMAIN

NUMBER OF COPIES REMAINING →

MEDICATION | MG/KG/DOSE
DOSE | ROUTE | FREQUENCY
INDICATION | TIME | DATE
SIGNATURE/TITLE | PAGER NUMBER

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INDICATION | TIME | DATE
SIGNATURE/TITLE | PAGER NUMBER

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PRESS FIRMLY - USE BALL POINT PEN **SIGN EACH SET OF ORDERS AND INDICATE DATE & TIME**

CHART COPY

HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL

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Date & Time	NON-DRUG ORDERS
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	Diagnosis:
	Signature/ Title:

START NEW SHEET WHEN NO COPIES REMAIN

NUMBER OF COPIES REMAINING → 2

MEDICATION | MG/KG/DOSE
DOSE | ROUTE | FREQUENCY
INDICATION | TIME | DATE
SIGNATURE/TITLE | PAGER NUMBER

MEDICATION | MG/KG/DOSE
DOSE | ROUTE | FREQUENCY
INDICATION | TIME | DATE
SIGNATURE/TITLE | PAGER NUMBER

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DOSE | ROUTE | FREQUENCY
INDICATION | TIME | DATE
SIGNATURE/TITLE | PAGER NUMBER

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Allergies/Sensitivities	Adverse Reactions

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	ADMIT TO (Attending MD and Floor):
	Diagnosis:
	Signature/ Title:

START NEW SHEET WHEN NO COPIES REMAIN

NUMBER OF COPIES REMAINING → 1

MEDICATION | MG/KG/DOSE
DOSE | ROUTE | FREQUENCY
INDICATION | TIME | DATE
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MEDICATION | MG/KG/DOSE
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