

SAMPLE COMPLETED PHYSICIAN'S ORDER SHEET

HO11

<p>Generic equivalent may be used unless the order is specifically followed by the notation: "Use no substitutes." May send medication while on pass from facility. May leave premises with responsible party. May send medications _____ days. I recertify for _____ level of care. Medications previewed and approved as printed. I approve the overall plan of care.</p> <p>_____ Pharmacist's Signature</p>		PHYSICIANS ORDERS			
		FUNCTIONAL LEVEL: UP AD LIB			
		ACTIVITIES: PRN			
		SOCIAL SERVICES: PRN			
		ROUTINE LABS: SERUM K FEB & JUL			
		RESTRAINTS: NONE			
		CODE STATUS: NO CODE			
MEDICATIONS		Schedule			
Multivitamin tab 1 tab po every morning 12/5/00		800A		D/C Furosemide 20mg	
Digoxin 0.125Mg 1 tab po every morning hold if AP less than 60 or over 110 12/5/00		800A		Furosemide 40mg 1 tab po every AM	
Furosemide 20mg 1 tab po every morning DC 1/11/00		800A		1/11/05 Dr. Watson	
Carbamazepine 200mg 1 tab po every 12 hours 12/5/00		800A			
Captopril 12.5mg 1 tab po 3 times daily 12/5/00		800A 1200N 400P			
Carafate 1mg 1 tab po before meals and at bedtime 12/5/00		700A 1100A 400P 800P			
Acetaminophen 325mg 2 tabs po every 4 hrs prn for pain 12/5/00		PRN			
Lorazepam 0.5mg 1 tab po at bedtime prn for sleep 12/5/00		PRN			
Furosemide 40mg 1 tab po q morning 1/11/00		800A		Attending Physician's Signature _____ Date	
Charting for 01/1/00 Through 01/31/00					
Physician		WATSON		Patient Code	
Phone No.		123-4567		Revised by Supervising Nurse	
Diet	REGULAR, NO ADDED SALT			Weight 120 lb	Date of Birth 1/10/00
Allergies	NKA			Sex F	
Diagnosis	CHF/SEIZURE DISORDER / GASTRIC ULCER			Med Record No. 678	Admission Date 12/5/00
Patient	Edna Long			Habilitative/Rehabilitative Potential FAIR	
	Medicaid No.	Medicare No.	Room No.	Bed	