

Check box to initiate order

549328C R09/11

**ALLERGIC:**  NO  YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	Admit to: JB4/Same Day Admission unit		<input type="checkbox"/>	Ibuprophen (ie Motrin®) 800 mg po 1 dose on admission	
	Admit Date:				
	Admit DX:				
	Please indicate level of care: <input type="checkbox"/> Outpatient (JB4)			All prophylactic antibiotics will be administered on induction of anesthesia with exception of Levoquin and Vancomycin	
	<input type="checkbox"/> Outpatient observation				
			<input type="checkbox"/>	Antibiotic not indicated	
	<b>Nursing:</b>			<b>OR</b>	
	Vital signs, height and weight on admission		<input type="checkbox"/>	Cefazolin (Ancef®) 2 g IV one dose	
	Place IV site			<b>OR</b>	
	EKG ( if not present on chart)		<input type="checkbox"/>	Levofloxacin ( ie Levoquin®) 500 mg IV one dose	
	NPO			Infuse over one hour.	
	Other:			<b>AND</b>	
				Clindamycin (ie Cleocin®) 600 mg IV one dose	
	Pre-Operative Bloodwork				
	Redraw: potassium if outside of normal parameters				
	HCT < 30				
	Fingerstick Blood Glucose on all Diabetics on admission				

PHYSICIAN'S ORDER FORM

