Physician Order Sheet

Patient Name:	
UHID:	IPID No.:
Age:	D.O.A:
Gender:	Unit:

PHYSICIAN ORDER SHEET

Allergies (Yes/No, If Yes Mention drug):

Please highlight the orders that area discontinued:

(H- On Hold, O- Patient Out of Ward, R- Patient Refused, V-Vomited Out, Administered)

Special Instructions if any:

PLEASE WRITE DILUTIONS WHERE INDICATED

Please write weight-based order for Geriatric Patients with BMI less than 16:

Do not use abbreviations:

MS	MSO4	MgSO4	U	IU	QD	QOD	ZERO AFTER DECIMAL	LACK OF ZERO AFTER DECIMAL

Prescription Date and Time	Drugs Order	Dose (Dilution if any)	Route	Frequency	Timing	Date	Date	Date
	Sign:							
	Sign:							
	Sign:							
	Sign:							
Steam								

Inhalation						
Checked for Six rights of medications (Right Patient, Right Drug, Right Dose, Right Route, Right Time, Right Documentation)						
Nurse Sign and Clock No.:						
Pharmacist Signature:						

STAT & SOS MEDICATION

Prescription Date & Time	Drug Order	Dose (Dilution in any)	Route	Stat/ SOS	Indication for SOS Drugs	Duration of repeat dose (if any)	Administration Details (Check for Six Rights of Medication)	Date / Sign	Time / No.

Date /Time	Special Drug Orders (Sliding Scale Insulin, Transfusion etc.)	Sign	Date	Diet/ Physiotherapy orders/ Steam Inhalation & Others	Sign

INVESTIGATION ORDERS

Date/Time	Investigation	Sign	Date/Time	Investigation	Sign

Disclaimer

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