

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vaccination History MUST be documented before plan will initiate

Vaccination History for Splenectomy

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Medication Management

Start date T;N

Do NOT give vaccines before post-operative day 14 unless patient is being discharged. Vaccines MUST be given before patient is discharged.

pneumococcal 20-valent conjugate vaccine (pneumococcal 20-valent conjugate vaccine intramuscular suspension)

0.5 mL, IM, syringe, ONE TIME

haemophilus b conjugate (PRP-T) vaccine (haemophilus b conjugate (PRP-T) vaccine intramuscular injection)

0.5 mL, IM, inj, ONE TIME

meningococcal conjugate vaccine (meningococcal conjugate vaccine oligosaccharide - MENVEO)

0.5 mL, IM, soln, ONE TIME

meningococcal group B vaccine

0.5 mL, IM, inj, ONE TIME

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

