

<b>UMC Health System</b>  <b>PEDIATRIC GENERAL PLAN</b>	<b>Patient Label Here</b>
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**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**

**Vital Signs**  
 Per Unit Standards

**Daily Weight**

**Patient Activity**  
 Up Ad Lib/Activity as Tolerated  Bedrest

**Strict Intake and Output**  
 Per Unit Standards

**Insert Peripheral Line**

**Communication**

**Notify Provider/Primary Team of Pt Admit**  
 Upon Arrival to Floor/Unit  Now  
 In AM

**Notify Provider of VS Parameters**

**Dietary**

**Infant Feeding**  
 Maternal Breast Milk, Per: Bottle/Breast/PO, Give feeding: On Demand  
 Similac Advance, Per: Bottle/Breast/PO, Give feeding: On Demand

**NPO Diet**  
 NPO  NPO, Except Meds

**Oral Diet**  
 Regular Diet

**IV Solutions**

**D5 1/2 NS**  
 IV, mL/hr

**D5 1/2 NS + 20 mEq KCl/L**  
 IV, mL/hr

**D5NS**  
 IV, mL/hr

**NS (Normal Saline)**  
 IV, mL/hr

**Laboratory**

**CBC with Differential**

**Basic Metabolic Panel**

**Comprehensive Metabolic Panel**

**Urinalysis**

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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>Culture Urine</b>
	<b>Culture Blood</b>
	<b>Lactic Acid Level</b>
<b>Diagnostic Tests</b>	
	<b>DX Chest PA &amp; Lateral</b> <input type="checkbox"/> Routine
	<b>DX Abdomen 2+ vw</b> <input type="checkbox"/> Routine
	<b>DX Abdomen AP (KUB)</b> <input type="checkbox"/> Routine
<b>Respiratory</b>	
	<b>Oxygen (O2) Therapy</b> <input type="checkbox"/> Via: Nasal cannula <input type="checkbox"/> Via: Simple mask <input type="checkbox"/> Via: Venturi mask <input type="checkbox"/> Via: Trach collar

**...Additional Orders**

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PHYSICIAN ORDERS

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

Medications

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

Analgesics for Mild Pain

\*\*\*Select only ONE of the following for Mild Pain\*\*\*

acetaminophen (acetaminophen pediatric)

- 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 40 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 120 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 160 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 240 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 320 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 400 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*
- 500 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  
If acetaminophen and ibuprofen both ordered, administer medications in alternating order. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*

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**PHYSICIAN ORDERS**

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

<b>ORDER</b>	<b>ORDER DETAILS</b>
	<input type="checkbox"/> 325 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour*** <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***
	<b>ibuprofen (ibuprofen pediatric)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)           </div> <div style="width: 48%;"> <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)  <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)           </div> </div>

**Analgesics for Moderate Pain**

\*\*\*Select only ONE of the following for Moderate Pain\*\*\*

**ketorolac**

<input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr	<input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr
<input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 24 hr	
<input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr	<input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr
<input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 24 hr	

\*\*\*HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose\*\*\*

**HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)**

0.2 mL/kg, PO, soln, q4h, PRN pain-moderate (scale 4-6)  
 If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)  
 If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)  
 If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)  
 If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

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**PHYSICIAN ORDERS**

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

<b>ORDER</b>	<b>ORDER DETAILS</b>
	<input type="checkbox"/> 15 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***

**Analgesics for Severe Pain**

<b>morphine (morphine pediatric)</b>
<input type="checkbox"/> 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.5 mg/kg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 10 mg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 15 mg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 7-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)

**Scheduled Analgesics**

Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day.
<b>gabapentin</b>
<input type="checkbox"/> 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old. Recommended MAX dose of 300 mg.
<input type="checkbox"/> 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.
<input type="checkbox"/> 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.
<input type="checkbox"/> 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.

<b>gabapentin</b>
<input type="checkbox"/> 5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg.
<input type="checkbox"/> 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.
<input type="checkbox"/> 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.
<input type="checkbox"/> 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.

<b>gabapentin</b>
<input type="checkbox"/> 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg.
<input type="checkbox"/> 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.
<input type="checkbox"/> 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.
<input type="checkbox"/> 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.

**Anti-pyretics**

***Select only ONE of the following for Fever***
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ORDER	ORDER DETAILS
	<p><b>acetaminophen (acetaminophen pediatric)</b></p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 40 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 120 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 160 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 240 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 320 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 400 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 500 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 325 mg, PO, tab, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p>Continued on next page....</p>

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ORDER	ORDER DETAILS
	<input type="checkbox"/> 500 mg, PO, tab, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***Do not exceed 2,600 mg of acetaminoph en from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***
	<b>ibuprofen (ibuprofen pediatric)</b> <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN fever <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN fever

Antiemetics

\*\*\*Select only ONE of the following for Nausea/Vomiting\*\*\*

ondansetron (ondansetron pediatric)

- 0.1 mg/kg, PO, liq, q8h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 0.1 mg/kg, PO, liq, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 0.15 mg/kg, PO, liq, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 4 mg, PO, liq, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 0.1 mg/kg, IVPush, soln, q8h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 0.1 mg/kg, IVPush, soln, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 0.15 mg/kg, IVPush, soln, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.
- 4 mg, IVPush, soln, q4h, PRN nausea  
If ondansetron contraindicated or ineffective, use promethazine if ordered.

promethazine (promethazine pediatric)

- 0.25 mg/kg, PO, liq, q4h, PRN nausea
- 12.5 mg, PO, liq, q4h, PRN nausea
- 0.5 mg/kg, rectally, supp, q4h, PRN nausea
- 0.5 mg/kg, PO, liq, q4h, PRN nausea
- 0.25 mg/kg, rectally, supp, q4h, PRN nausea
- 12.5 mg, rectally, supp, q4h, PRN nausea

Constipation Treatment/Prevention

glycerin (glycerin pediatric rectal suppository)

- 0.25 supp, rectally, ONE TIME
- 1 supp, rectally, ONE TIME
- 0.5 supp, rectally, ONE TIME
- 1 supp, rectally, Daily, PRN constipation

docusate (docusate sodium)

- 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age
- 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age
- 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age
- 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years of age

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ORDER	ORDER DETAILS
	<b>polyethylene glycol 3350</b> <input type="checkbox"/> 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. <input type="checkbox"/> 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Give patient ____ ounces of prune juice daily.
	Empty order detail box

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