

PHYSICIAN'S ADMITTING ORDERS

<p>NO SYMBOLS OR MEDICATION NAME ABBREVIATIONS ARE ALLOWED IN ORDERS</p> <p>UNACCEPTABLE ABBREVIATIONS (see reverse for correct usage)</p> <table style="width: 100%; border: none;"> <tr> <td>AD</td><td>AZT</td><td>HCTZ</td><td>OD</td><td>u or U</td><td>Zydis</td> </tr> <tr> <td>AS</td><td>CBZ</td><td>Li</td><td>OS</td><td>VPA</td><td></td> </tr> <tr> <td>ASA</td><td>CPZ</td><td>mcg</td><td>OU</td><td>.Xmg</td><td></td> </tr> <tr> <td>AU</td><td>FA</td><td>MVI</td><td>TAO</td><td>X.0mg</td><td></td> </tr> </table> <p>ALLERGY AND MEDICATION SENSITIVITY INFORMATION _____</p> <p style="text-align: right;">Ht. _____ Wt. _____</p>	AD	AZT	HCTZ	OD	u or U	Zydis	AS	CBZ	Li	OS	VPA		ASA	CPZ	mcg	OU	.Xmg		AU	FA	MVI	TAO	X.0mg		<p>U.T. HARRIS COUNTY PSYCHIATRIC CENTER</p>
AD	AZT	HCTZ	OD	u or U	Zydis																				
AS	CBZ	Li	OS	VPA																					
ASA	CPZ	mcg	OU	.Xmg																					
AU	FA	MVI	TAO	X.0mg																					
DATE AND TIME ORDERED	ADMIT TO UNIT _____ PHYSICIAN'S ORDERS																								
	ADMITTING DIAGNOSIS: AXIS I																								
	AXIS II _____ <input type="checkbox"/> No Dx Made <input type="checkbox"/> Other _____																								
	AXIS III																								
	VITAL SIGNS: <input type="checkbox"/> Routine <input type="checkbox"/> Q 4 hours <input type="checkbox"/> Q Shift <input type="checkbox"/> Other _____																								
	DIET: <input type="checkbox"/> Regular <input type="checkbox"/> ADA (_____cal) <input type="checkbox"/> Other _____																								
	<p>PRECAUTIONS: <input type="checkbox"/> None <input type="checkbox"/> Combative/Destructive (reason) _____</p> <p><input type="checkbox"/> One-to-One (reason) _____ <input type="checkbox"/> Suicide (reason) _____</p> <p><input type="checkbox"/> Elopement (reason) _____ with q shift room search</p> <p><input type="checkbox"/> Unit Restrictions (reason) _____ <input type="checkbox"/> Sexual Acting Out (reason) _____</p>																								
	<p>SPECIAL OBSERVATIONS: Check appropriate precaution: (Q 2° Hour for Observation)</p> <p><input type="checkbox"/> Medical Symptomatology (specify _____ (e.g. Seizure, etc.))</p> <p><input type="checkbox"/> Alcohol Withdrawal <input type="checkbox"/> Other</p>																								
	GROUP: <input type="checkbox"/> Assess and involve in group therapy per criteria as appropriate																								
	LABS: (CHECK BELOW, IF NEEDED)																								
	<input type="checkbox"/> Urinalysis																								
	<input type="checkbox"/> Urine Drug Screen Including Marijuana																								
	<input type="checkbox"/> Urine Pregnancy Test																								
	<input type="checkbox"/> Other _____																								
	Labs below may not be required for readmission within 30-60 days or if results are available from transferring facility:																								
	<input type="checkbox"/> Comp. Metabolic Panel																								
	<input type="checkbox"/> CBC with Differential, w plt																								
	Medications: (check if indicated)																								
	<input type="checkbox"/> P.P.D. 0.1 cc ID (unless the patient has had a previous positive test or a test within the last 12 months.)																								
	<input type="checkbox"/> Ativan 2 mg po/im prn _____ q 4-6 hrs, Not to exceed 12 mg/24hrs.																								
	<input type="checkbox"/> Maalox 30 cc po q 4 hrs prn indigestion/_____ Not to exceed 180 cc max dose/24hr.																								
	<input type="checkbox"/> Tylenol 650 mg po q 4 hrs prn pain/_____ Not to exceed 1950 mg max dose/24hr.																								
	<input type="checkbox"/> Tylenol (children 10 and under) 325 mg po q 4 hrs prn pain/_____ Not to exceed 1300 mg max dose/24hr.																								
	<input type="checkbox"/> Milk of Magnesia 30 cc po q 4 hrs prn constipation/_____ Not to exceed 120 cc max dose/24hr.																								
	<input type="checkbox"/> Nicorette gum 2 mg chew 1 piece q 1° prn nicotine craving (max 12 pieces in 24°)																								
	<input type="checkbox"/> Other:																								
	PHYSICIAN'S SIGNATURE:																								
<p>HCPC-80047-C (Rev. 9/03) CATN 395-30-56</p> <p>White-Chart Yellow-Pharmacy Pink-Med Nurse</p> <p>Leave remaining copies for subsequent orders</p>	<p>"AUTHORIZATION IS HEREBY GIVEN TO DISPENSE THE GENERIC OR CHEMICAL EQUIVALENT UNLESS OTHERWISE INDICATED BY THE WORDS MEDICAL NECESSITY."</p>																								

Unacceptable Abbreviations

Date of Last Review/Revision: 07/14/03

The table below lists unacceptable abbreviations as well as the correct usage for documenting. These abbreviations may not be used in the medical record. If unacceptable abbreviations are used, the Pharmacy will not fill the order until clarified by the physician.

UNACCEPTABLE ABBREVIATIONS <u>(Do Not Use These)</u>	CORRECT USAGE <u>(Write Out the Word)</u>
AD	Right Ear
AS	Left Ear
ASA	Aspirin
AU	Each Ear
AZT	Zidovudine
CBZ	Carbamazepine
CPZ	Compazine
FA	Folic Acid
HCTZ	Hydrochlorathiazide
Li	Lithium
Mcg (often gets confused with mg)	Micrograms
MVI	Multi Vitamin
OD	Right Eye
OS	Left Eye
OU	Each Eye
TAO	Triple Antibiotic Ointment
U or u	Units or units
VPA	Valproate or Valproic Acid
X.0mg (zero after decimal point) Example: Do not write 2.0mg since this can be inadvertently increased by a factor of ten.	Use Xmg Do not use decimal points or trailing zeros Example: (write 2mg)
.Xmg (no zero before decimal point) Example: Do not write .1mg or .25mg since this can be inadvertently increased by a factor of ten.	Use 0.Xmg Always use leading zeros before the decimal point Example: (write 0.1mg or 0.25mg)
Zydis	Zyprexa Zydis

Note: No symbols are to be used on order sheets.

Reference: National Patient Safety Goals