

MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new orders are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST-ANESTHESIA CARE UNIT (PACU) STANDING ORDER SET (PEDIATRIC)		
1.	VS: Per recovery protocol (Kimbrough Ambulatory Care Center (KACC) SOP PC 6).		
	IV FLUIDS:		
2.	LR _____ @ _____ cc/hr. (4cc/kg for 1st 10kg; 2cc/kg for 2d 10 kg; 1cc/kg > 20kg.)		
	PAIN MEDICATIONS:		
3.	Morphine: _____ mg IVP q10 mins up to _____ mg PRN pain.		
4.	Fentanyl: _____ mcg IVP q10 mins up to _____ mcg PRN pain.		
5.	Tylenol: _____ mg per rectum x 1 PRN.		
6.	Tylenol: _____ mg PO x 1 PRN pain.		
	ANTIEMETICS:		
7.	Zofran: _____ mg IVP x 1 PRN for N/V. May repeat x 1 in 15 minutes.		
8.	Anzemet: _____ mg IVP x 1 PRN for N/V. May repeat x 1 after 15 minutes.		
9.	Reglan: _____ mg IVP x 1 PRN for N/V.		
	OXYGEN THERAPY:		
10.	Humidified oxygen blowby upon arrival to PACU.		
11.	Wean oxygen to maintain SaO2 ≥ 95%.		
	MISCELLANEOUS:		
12.	Call anesthesiologist or CRNA for SBP < _____ or > _____ ; DBP < _____ or DBP > _____ ; HR < _____ or > _____ ; RR < _____ or > _____ ; SaO2 < 95%.		
13.	Patient is ASA _____ and [may] [may not] be discharged to the Same Day Surgery unit when recovery criteria are met per protocol. (KACC SOP PC 6.)		
	DATE: _____ TIME: _____		
	Anesthesia provider's signature: _____		

PATIENT IDENTIFICATION	Complete the following information on page 1 only. Note any changes on subsequent pages. Diagnosis: _____ Height: _____ Weight: _____ Diet: _____ Allergies: _____				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: none;">Nursing Unit</td> <td style="width: 25%; border: none;">Room No.</td> <td style="width: 25%; border: none;">Bed No.</td> <td style="width: 25%; border: none;">Page No.</td> </tr> </table>	Nursing Unit	Room No.	Bed No.	Page No.
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