DAYTON CHILDREN'S
The Children's Medical Center of Dayton

PATIENT'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED BY THE HOSPITAL PHARMACY UNLESS CHECKED. ☐

DIAGNOSIS: _____

AGE: _____ WT. _____

HEIGHT _____

ALLERGIES:
1. _____
2. _____
3. _____
4. _____

PATIENT INFORMATION

ALL ORDERS MUST BE WRITTEN IN THE METRIC SYSTEM AND INCLUDE DATE, TIME, AND PRESCRIBER'S SIGNATURE

DO NOT USE the following abbreviations:

U
IU
QD
QOD
MS
MSO_4
$MgSO_4$
ug
TIW
AS
AD
AU
OS
OD
OU

&

Trailing zero after whole number (i.e. 5.0 mg)

MUST USE the following abbreviation:

Leading zero before a less than whole number (i.e. 0.5 mg)

ORDERED DATE	ORDERED TIME	DIRECT ADMISSION ORDERS
		ALL BOLDED AREAS MUST BE COMPLETED AT THE TIME OF DIRECT ADMISSION
		Attending: **Resident (if known):**
		Patient Name: **Patient DOB:**
		1. Patient Status: ☐ Observation OR ☐ Admission
		2. Placement on: ☐ 3 West ☐ 3 East ☐ Asthma Care ☐ Almost Home (Nursing and Physician to coordinate the best location based on patient history, bed availability, etc.)
		3. Diagnosis:
		4. Condition:
		5. Allergies:
		6. Vital Signs:
		7. Diet:
		8. Activity:
		9. IV Fluids (if applicable):
		10. Notify resident if patient is not seen by admitting team within 2 hours of arrival
		11. Inform guardian they must remain with the patient until seen by a resident.
		12. Laboratory Tests: a.
		b.
		c.
		13. Medications: a.
		b.
		c.
		14. CR monitor when asleep or unattended: ☐ Yes ☐ No
		15. Other Orders: a.
		b.
		c.

Prescriber's Signature