

- 1) Quantities unless specified otherwise:
PRN 31 doses, Rx qs 7 days or pack size of
1. Externals 30g
- 2) Orders authorized ongoing for 6 months unless
stop date or discontinue order given

Facility : _____ Unit : _____

Resident : _____ Room : _____

Health Card# : _____ DOB (dd/mm/yyyy) : _____

Allergies : _____

PROGRESS NOTES/CLINICAL INDICATOR

ORDERS

Date: _____ Time: _____				Date: _____ Time: _____				Prohibited Abbreviations		Correct Term	
								U,IU,u oriu		unit	
								QD or qd		daily	
								QOD or qod		every other day	
								drug name abbreviations		write generic drug names	
								D/C		discharge or discontinue	
								cc		mL	
								@		at	
								> or <		greater than or less than	
				<input type="checkbox"/> Start with Next Weekly Supply				Trailing zero (X.0mg)		never use zeros AFTER decimal	
				<input type="checkbox"/> Start Today				Lack of leading zero (Xmg)		always use zeros BEFORE decimal	
								OS, OD, OU		left eye, right eye, both eyes	
								qhs		bedtime	
Nurse: Please Initial The Documentation As Performed				Nurse 1		Nurse 2		Prescriber's Signature / Registration#			
Care Plan	Consent	Mar/Tar	Lab								
				Date/ Time		Date/ Time					

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