

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Outpatient Fluid Orders

2/2024

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1. Diagnosis _____
2. Treatment Start Date: _____ Date to follow up with provider, if needed: _____
3. **If not from CCH physician, send Face Sheet and H&P or most recent chart note.**
4. Urgent (less than 24 hours)
 Semi-Urgent (within 48 hours)
 Routine (within 1 week)
5. Is patient symptomatic:
 Yes, if so describe symptoms: _____
 No
 Unknown
6. IV Solution:
 _____ ml of _____ to run over _____ hours
7. Interval: (must check one)
 Once
 Repeat every _____
 As needed for symptoms of _____
8. Medications:
 Zofran 4mg IVP x 1
 Zofran 4mg IVP x 1 PRN nausea / vomiting, may repeat x 1 if nausea / vomiting persists
9. Nursing orders:
 Start IV saline lock or access implanted port per facility protocol.
 Vitals prior to and after infusion
 Labs to be drawn: _____
 Dismiss patient after infusion
 Hold and update physician on condition
10. If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider.
 Administer emergency medications per CCH Infusion Center Hypersensitivity Orders
OR per the following order: _____

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

