

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS MET PROTOCOL ORDERS	CHECK OFF/ INITIALS
ALL TESTS ARE TO BE DONE STAT	
<input type="checkbox"/> Cardiac monitor	
<input type="checkbox"/> Continuous pulse oximetry	
<input type="checkbox"/> Intravenous fluid bolus of 500 ml 0.9% Sodium Chloride (may be repeated if necessary with a maximum of 2 Liters)	
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Arterial Blood Gases	
<input type="checkbox"/> Duoneb Unit Dose Nebulizer treatment	
<input type="checkbox"/> Lytes, <input type="checkbox"/> Complete Blood Count <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Blood Sugar	
<input type="checkbox"/> Chest X-ray	
<input type="checkbox"/> 12 lead EKG	
<input type="checkbox"/> Accucheck®	
<input type="checkbox"/> Dextrose 50% 50mL intravenously times one	
<input type="checkbox"/> Naloxone (Narcan®) 0.2 mg OR <input type="checkbox"/> Naloxone (Narcan®) 0.4 mg and assess response; repeat in 2-3 minutes as necessary, up to a total of 1 Mg.	
<input type="checkbox"/> Flumazenil (Romazicon®) 0.2 mg intravenously over 15 seconds; assess level of consciousness; may repeat at one minute intervals, assessing level of consciousness between each dose until a total of 1 mg has been given (usual dose is 0.6 mg to 1 mg).	
<input type="checkbox"/> External pacer	
<input type="checkbox"/> Other	
<input type="checkbox"/> ACLS protocol as applicable (List additional ACLS Meds and Interventions implemented).	

Physician: _____	Nurse/Date/Time: _____	Secretary/Date/Time: _____
Approved by MEC 8/05		

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy

Original: 3/09 Revised: 7/09 Reviewed: 10/09

Form # 1.4-007