



UNSAFE ABBREVIATIONS - please use bolded items

1. Daily not 'qd'	2. micrograms not 'µg'	3. Vidarabine not ARA-A
4. Units not 'u'	5. Morphine not 'MSO4' or 'MS'	6. International Units not 'IU'
7. Methotrexate not 'MTX'	8. Every other day not 'Q.O.D.'	9. Magnesium Sulfate not 'MgSO4'
10. No trailing zeros (1 mg not 1.0 mg)	11. Always use leading zeros (0.1 mg not .1 mg)	

✓ = Do Not Substitute

✓	DATE	TIME	INSTRUCTIONS: Please write plainly, use ballpoint pen, and press firmly. Include Physician Name and Signature. Check appropriate boxes and fill in blanks.
			Standard Orders for Pediatric Gastroenteritis
			Admit to Dr. _____ <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation
			Diagnosis: <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Dehydration <input type="checkbox"/> Other: _____
			Condition: _____
			Vital Signs per protocol
			<input type="checkbox"/> Strict I/O <input type="checkbox"/> Daily weights
			Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Clear liquids <input type="checkbox"/> BRAT diet <input type="checkbox"/> Regular diet
			IV Fluids:
			<input type="checkbox"/> NS bolus _____ ml over 1 hour (20 ml/kg)
			<input type="checkbox"/> D ₅ ½NS with 20 mEq/l KCl at _____ ml/hr
			<input type="checkbox"/> D ₅ ¼NS with 20 mEq/l KCl at _____ ml/hr
			Labs:
			<input type="checkbox"/> BMP <input type="checkbox"/> UA
			<input type="checkbox"/> CBC <input type="checkbox"/> Liver profile
			<input type="checkbox"/> Contact precautions
			Physician Signature:

PHYSICIAN ORDERS