PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ❑

Endoscopy Procedure Medications Order Set

❑ Demerol	_____	mg IVP
❑ Versed	_____	mg IVP
❑ Fentanyl	_____	Mcg IVP
❑ Benadryl	_____	mg IVP
❑ Zofran	_____	mg IVP
❑ Glucagon	_____	mg IVP
❑ Morphine	_____	mg IVP
❑ Dilaudid	_____	mg IVP
❑ Narcan	_____	mg IVP
❑ Romazicon	_____	mg IVP
❑ Labetalol	_____	mg IVP
❑ Atropine	_____	mg IVP
❑ Other	_____	mg IVP

MD Signature:_____ **Date & Time:** _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4