PHYSICIAN'S ORDERS

CULLMAN REGIONAL

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

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

Maternity Patients Order Set

1. Acetaminophen 650 mg Po q 4 hours PRN (temperature > 100.4°)
2. Benadryl 12.5 mg IV or 25 mg IM or 50 mg Po q 6 hours PRN for itching. (IM or Po if no IV present)
3. Cepacol lozenges 1 Po qid PRN for sore throat
4. Chloraseptic spray Po q 4 hours PRN for sore throat 1 spray not relieved by Cepacol
5. Claritin D 24 hour 1 Po daily for congestion.
6. Colace 100 mg Po bid (if no history of bowel surgery) for stool softener
7. Dulcolax Suppository 1 per rectum PRN q 6 hours for constipation.
8. Levsin 0.125 mg 1 sublingual or Po q 4 hours PRN for bladder spasms
9. Lomotil 2 tablets Po q 3 hours PRN (no more than 6/24 hours) for diarrhea.
10. Maalox 30 cc Po PRN for indigestion
11. Mylicon chewable tablet 80 mg Po qid pc meals and hs for gas.
12. Robitussin DM 2 tsp Po q 4 hours PRN for cough.
13. Trazadone 50 mg Po q hs PRN sleep
14. Zofran 4 mg IV q 6 hours PRN for nausea (Po if no IV present)

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4