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. ❑

OB/GYN Post Op Medication Order Set

1. Levsin 0.125 mg 1 sublingual or Po q 4 hours PRN for bladder spasms
2. Robitussin DM 2 tsp Po q 4 hours PRN cough
3. Dulcolax Suppository 1 per rectum PRN q 6 hours for gas or constipation
4. Mylicon chewable tab 80 mg Po qid pc meals and hs for gas PRN
5. Acetaminophen 650 mg Po q 4 hours PRN (temperature > 100.4°)
6. Maalox 30 cc Po PRN for indigestion q 4 hours PRN
7. Benadryl 12.5 mg IV or 25 mg Po or IM q 6 hours PRN itching
8. Cepacol lozenges 1 Po qid PRN for sore throat
9. Chloraseptic spray Po q 4 hours PRN for sore throat. 1 spray not relieved by Cepacol
10. Trazadone 50 mg Po q hs PRN sleep

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4