BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

PHYSICIAN'S ORDERS

ORD

Allergies: See Master Allergy Sheet

ORDERED Date	ORDERED Time	PRE WRITTEN ORDERS L & D ANTIBIOTICS	TIME ORDER NOTED
		IF: Membranes ruptured 18 HOURS	
		Evidence low birth weight infant (2500 grams or 5 lbs, 8 oz.)	
		Hx prior septic newborn	
		History group B strep UTI or cervical culture	
		Temp. 100.4	
		Foul smelling discharge	
		START:	
		Ampicillin 2 gm IVPB now & 1 gm IVPB every 4 hours OR	
		Clindamycin (Cleocin) 600 mg IVPB 6 hours (if Penicillin allergy)	
		Physician Signature: _____ Date/Time: _____	

▼ Patient Label ▼

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PRE WRITTEN ORDERS L & D ANTIBIOTICS

Form # 18-214.92 (04/08)

Original – Chart / Canary – Pharmacy