BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

Allergies: See Master Allergy Sheet

ORDERED Date	ORDERED Time	PREWRITTEN GYN OBSERVATION ORDERS	TIME ORDER NOTED
		1. Admit to observation per Dr. Holzhauer's services.	
		2. Vital signs every 4 hours.	
		3. Bedrest with bathroom privileges.	
		4. NPO if nausea & vomiting, if no nausea diet as tolerated.	
		5. CBC, UA, Urine Preg.Test, electrolytes, CMP	
		6. D5LR at 125 ml/hr	
		7. If not allergic to, give	
		Promethazine (Phenergan) 25 mg IV every 4 hours as needed for nausea & vomiting.	
		(may give intra-muscularly if no IV)	
		8. Meperidine (Demerol) 25 mg IV or IM every 4 hours as needed for mild-moderate pain.	
		9. Meperidine (Demerol) 50 mg IV or IM every 4 hours as needed for moderate-severe pain.	
		Physician Signature: _____ Date/Time: _____	

▼ Addressograph / Patient Label ▼

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PREWRITTEN GYN OBSERVATION ORDERS

Form # 18-214.86 (09/07)

Original – Chart / Canary – Pharmacy