

THE HOSPITAL FOR SICK CHILDREN  
DOCTOR'S ORDERS

Date of wt. \_\_\_\_\_  
Patient's wt. 40 kg  
Signature \_\_\_\_\_

HSC NO. \_\_\_\_\_ NURSING UNIT \_\_\_\_\_  
PATIENT NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

No Allergies Known

ALLERGIES

SYMPTOMS OF ALLERGIES

REQUISITION DONE  
CARE PLAN DONE  
MEDICATION ADMIN RECORD

98125438 BIRTH DATE 1631009 REGISTRATION NO.  
SHORE, LISA  
1987-04-20  
SHORE, SHARON  
3 RICHVIEW CRT  
THORNHILL  
PRINT OR ENTER ABOVE INFORMATION

ALL MEDICATION ORDERS ARE PROCESSED IN ACCORDANCE WITH APPROVED HOSPITAL POLICIES - SEE FORMULARY FOR DETAILS

DATE AND TIME ORDERED	ORDERS	Print name under signature
21.10.98	10mg Morphine Concomitant doses 2mg i.v. until painfree (~ pain score about 5!)	→ 2mg Morphine given 2355 → 2mg Morphine given 0040
done	← i.v. line, PCA device → see lidocaine orders [ 50mg Morphine in 50g Saline = 1mg/ml Bolus: 1.5mg, lockout interval: 6 min. Total dose = 20mg in 24 hrs. ]	Wls } Dr. Schily Wls } Dr. Schily
done	→ set up by Dr. Schily @ 0015	

STANDARD MEDICATION TIMES - Stat doses must be ordered if needed

daily 0800	} OR {	daily 0900
bid, q12h 0800,2000		bid, q12h 0900,2100
tid 0800,1400,2000		tid 0900,1500,2100
qid 0800,1200,1600,2000		qid 0900,1300,1700,2100
q8h 0800,1600,2400		q8h 0900,1700,0100
q6h 0800,1400,2000,0200		q6h 0900,1500,2100,0200
hs at bedtime		hs at bedtime



DO NOT WRITE "ORDER" WITHOUT YELLOW "PHARMACY COPY" IN PLACE

USE MEDIUM BALL POINT PEN

PLEASE PRESS FIRMLY

ORM 33165 (V.10/86)