

## Out-Patient Services Standing Orders

Drug Allergies \_\_\_\_\_

Referral Fax: 910.590.2013 Scheduler: 910.596.5417

Date and Time	Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/>
<b>Out-Patient Services Standing Orders</b>	
Status:	<input type="checkbox"/> Out Patient Service
Diagnosis:	
Patient History:	Send last office note to include plan of care, MEDICATION LIST and any special needs.
Code Status:	<input type="checkbox"/> Full Code <input type="checkbox"/> DNR (Send DNR Form with the patient)
ADL:	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Total Care
Diet:	
IV Access:	<input type="checkbox"/> PICC <input type="checkbox"/> Port-a-Cath <input checked="" type="checkbox"/> 10cc NS Flush prn for IV maintenance or med flush
Port-a-Cath Access:	<input type="checkbox"/> Use <input type="checkbox"/> Do Not Use
Blood Therapy:	<input type="checkbox"/> Physician Order Sheet Blood and Blood Products (See Blood Order form for Premeds and Lasix)
IV Infusion:	<input type="checkbox"/> IV Fluids _____ at _____ ml/nr
Medications:	<input type="checkbox"/> Reclast – Standing Order Set <input type="checkbox"/> Vancomycin Dosage per Pharmacy Protocol <input type="checkbox"/> Other antibiotic _____ Dosage _____ Frequency _____ Route _____
Procedure:	
Labs:	
MD Signature:	_____ Date/Time: _____

