HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL
PATIENT CARE ORDERS
SH 410 MR

HT (cm): _______ WT (kg): _______

An Indication must be written for: • All prn orders
• Cytotoxic agents, when not being used for treating malignancy

### Allergies/Sensitivities

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>MG/KG/DOSE</th>
</tr>
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<tbody>
<tr>
<td>Dose</td>
<td>Route</td>
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### Adverse Reactions

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### NON-DRUG ORDERS

Date & Time

ADMIT TO (Attending MD and Floor):

Diagnosis:

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### START NEW SHEET

WHEN NO COPIES REMAIN

Signature/Title:

Press firmly - Use Ball Point Pen
Sign each set of orders and indicate date & time

Chart Copy
### Patient Care Orders

**Highland Hospital**  
**Strong Memorial Hospital**  
**Patient Care Orders**  
**SH 410 MR**

#### Allergies/Sensitivities
- An indication must be written for:
  - All PRN orders
  - Cytotoxic agents, when not being used for treating malignancy

#### Adverse Reactions
- Do not use abbreviations: U, IU, Q.D., Q.O.D., Trailing zero (X.0 mg), Lack of leading zero (X mg), MS, MSO₄, MgSO₄, μg, T.I.W., A.S., A.D., A.U.

### Non-Drug Orders

**Date & Time**

**Admit To** (Attending MD and Floor):

**Diagnosis:**

- **Signature/Title:**

---

**Press firmly - use ball point pen**  
**Sign each set of orders and indicate date & time**
An Indication must be written for:
• All prn orders
• Cytotoxic agents, when not being used for treating malignancy

**DO NOT USE ABBREVIATIONS:** U, IU, Q.D., Q.O.D., Trailing zero (X.0 mg), Lack of leading zero (X mg), MS, MSO₄, MgSO₄, µg, T.I.W., A.S., A.D., A.U.

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**Date & Time**

**NON-DRUG ORDERS**

**Admit To (Attending MD and Floor):**

**Diagnosis:**

**Signature/Title:**

**START NEW SHEET WHEN NO COPIES REMAIN**

**NUMBER OF COPIES REMAINING**

**Signature/Title:**

**PRESS FIRMLY - USE BALL POINT PEN**

**SIGN EACH SET OF ORDERS AND INDICATE DATE & TIME**