

PHYSICIAN'S ORDERS

OB SUBSTANCE USE DISORDER

(OBSUD)

ALLERGIES:

HIGH RISK / DO NOT USE ABBREVIATIONS: U, IU, MS, MSO4, MgSO4, QD, QOD.

ALWAYS WRITE OUT INTENDED MEANING AND USE METRIC. DO NOT USE A ZERO AFTER A DECIMAL; ALWAYS USE A ZERO BEFORE A DECIMAL.

DATE	TIME	CK'D (✓)	<input checked="" type="checkbox"/> CHECK BOX TO INITIATE ORDER 1. IV FLUIDS: <input checked="" type="checkbox"/> Lactated Ringer Solution at <u>125</u> mL/hr 2. MEDICATIONS: <input type="checkbox"/> Buprenorphine 4mg SL TID <input checked="" type="checkbox"/> Clonidine 0.1 mg PO Q6H PRN mild agitation <input checked="" type="checkbox"/> Vistaril 25 mg PO Q4H PRN mild agitation; if no IV access <input checked="" type="checkbox"/> Vistaril 50 mg PO Q4H PRN moderate agitation; if no IV access <input checked="" type="checkbox"/> Vistaril 25 mg IV Q4H PRN mild agitation <input checked="" type="checkbox"/> Vistaril 50 mg IV Q4H PRN moderate agitation <input checked="" type="checkbox"/> Ativan 2 mg IM one (1) dose PRN for seizure activity; notify Physician, may repeat once every 5 minutes if seizure activity is continuing <input checked="" type="checkbox"/> Valium 2 mg PO Q4H PRN mild anxiety <input checked="" type="checkbox"/> Valium 5 mg PO Q4H PRN moderate anxiety <input checked="" type="checkbox"/> Gabapentin 300 mg PO QID <input checked="" type="checkbox"/> Phenobarbital 30 mg PO TID <input checked="" type="checkbox"/> Phenergan 25 mg PO Q8H PRN for nausea/vomiting <input checked="" type="checkbox"/> Bentyl 20 mg PO Q6H PRN for abdominal cramping <input checked="" type="checkbox"/> Tuberculin PPD 5 units/0.1 mL intradermal X1 3. LAB ORDERS: <input type="checkbox"/> Hepatitis Serology STAT <input type="checkbox"/> HIV 1/2 Ab and P24, 4th GEN STAT <input type="checkbox"/> Chlam/GC PCR STAT <input type="checkbox"/> LFT STAT <input type="checkbox"/> BMP STAT <input type="checkbox"/> ESR STAT <input type="checkbox"/> Acetaminophen levels STAT For Prenatal labs see Prenatal Labs order set 4. CONSULTATIONS: <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Cardiology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Case Management <input type="checkbox"/> Cardiothoracic Surgery
			<p>Physician Signature: _____ Dictation #: _____</p> <p>PHYSICIANS: PLEASE REMEMBER TO USE YOUR DICTATION NUMBER WITH YOUR SIGNATURE.</p>



PHYS ORDER

ALL ORDERS TO PHARMACY