BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ORDERED Date	ORDERED Time	ORDERS	TIME ORDER NOTED
		1. Admit	
		2. Diagnosis: Fever, R/O Sepsis	
		3. Condition:	
		4. Vital Signs – Routine	
		5. Diet as tolerated	
		6. D5 ¼ Normal Saline + mEq KCl / 100 milliliters at _____ (100mg/kg/day)	
		7. If less than 2 months old – Ampicillin _____ per pharmacy	
		Cefotaxime (Claforan) _____ per pharmacy	
		If greater than 2 months old – Ceftriaxone (Rocephin) _____ (100mg/kg/day)	
		every 24 hours	
		8. CBC, Blood Culture, Cath UA with culture, LP & CXR, PA & lateral CSF for	
		# 1 culture	
		# 2 Cell count with differential	
		# 3 Glucose and Protein	
		9. Acetaminophen (Tylenol) for weight every 4 hours	
		10. Weight _____ kilograms	
		Dr. Pam Sykes	

▼ Addressograph / Patient Label ▼

BAPTIST Memorial Hospital Golden Triangle

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Form # 18-214.58 (05/05)

Original – Chart / Canary – Copy