



DATE ORDERED		PHYSICIANS ORDERS	PRN MEDICATION ORDERS
DATE	TIME		
		<b>Nausea:</b>	<input type="checkbox"/> Promethazine (Phenergan) 12.5 mg IV every 6 hours as needed.
			<input type="checkbox"/> Promethazine (Phenergan) 25 mg IV every 6 hours as needed.
			<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 4 hours as needed.
			<input type="checkbox"/> Ondansetron (Zofran) 8 mg IV every 8 hours as needed.
			<input type="checkbox"/> Other:
		<b>Fever:</b>	<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for Temp. >101
			<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg suppository rectally every 4 hours as needed for Temp. >101
			<input type="checkbox"/> Other:
		<b>Indigestion:</b>	<input type="checkbox"/> Magnesium and aluminum hydroxides with simethicone (Mylanta) 30 ml po as needed.
			<input type="checkbox"/> Famotidine (Pepcid) 40 mg po every day as needed
			<input type="checkbox"/> Other:
		<b>Constipation:</b>	<input type="checkbox"/> Bisacodyl (Dulcolax) suppository rectally as needed.
			<input type="checkbox"/> Magnesium Hydroxide Suspension (Milk of Magnesia) 30 ml po as needed.
			<input type="checkbox"/> Sodium phosphate enema (Fleets Enema) as needed.
			<input type="checkbox"/> Other:
		<b>Anxiety:</b>	<input type="checkbox"/> Alprazolam (Xanax) 0.25 mg po every 6 hours as needed.
			<input type="checkbox"/> Diazepam (Valium) 2-5 mg po every 6 hours as needed.
			<input type="checkbox"/> Lorazepam (Ativan) _____ mg po every 6 hours as needed.
			<input type="checkbox"/> Other:
		<b>Sleep:</b>	<input type="checkbox"/> Zolpidem (Ambien) 5 mg po every hs as needed and may repeat in 30 minutes.
			<input type="checkbox"/> Temazepam (Restoril) 15 mg po every hs as needed.
			<input type="checkbox"/> Temazepam (Restoril) 30 mg po every hs as needed.
			<input type="checkbox"/> Other:
		<b>Pain:</b>	<input type="checkbox"/> Nitroglycerin 0.4 mg sl prn for chest pain, every 5 minutes x 3
			<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg po every 4 hours as needed.
			<input type="checkbox"/> Propoxyphene napsylate 100mg with Acetaminophen 650mg (Darvocet N 100) po every 4 hours as needed.
			<input type="checkbox"/> Propoxyphene HCl 65mg (Darvon) 65 mg po every 4 hours as needed.
			<input type="checkbox"/> Hydrocodone 5mg with acetaminophen 500 mg (Lortab 5 mg) po every 4 hours as needed.
			<input type="checkbox"/> Hydrocodone 7.5mg with acetaminophen 500 mg (Lortab 7.5 mg) po every 4 hours as needed.
			<input type="checkbox"/> Other:
		<b>Respiratory:</b>	<input type="checkbox"/> Ipratropium (Atrovent) 2.5 ml every _____ hours as needed.
		(shortness of	<input type="checkbox"/> Albuterol 0.5 ml every _____ hours as needed.
		breath, wheezing	<input type="checkbox"/> Levalbuterol (Xopenex) 0.63 mg every _____ hours as needed.
		or dyspnea)	<input type="checkbox"/> Levalbuterol (Xopenex) 1.25 mg every _____ hours as needed.
			<input type="checkbox"/> Oxygen 2-4 ml to maintain SaO2 >95%
			<input type="checkbox"/> Other:
		<input checked="" type="checkbox"/> Lipbalm (Blistex) to lips prn for dryness or irritation	<input checked="" type="checkbox"/> Artificial Tears prn for dryness
		<input checked="" type="checkbox"/> Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat	

Physician Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_



**PRN MED ORDERS**

▼ Addressograph / Patient Label ▼