



UPSTATE

UNIVERSITY HOSPITAL

Clinical Research PHYSICIANS ORDERS

Patient Name: _____ MR#: _____

Account #: _____ DOB: _____ Date: _____

INFORMATION REQUESTED ON ADMISSION ORDERS ONLY	AUTOMATIC STOP ORDERS
ALLERGIES/REACTIONS: HT: _____ WT/KG: _____	CONTROLLED SUBSTANCES – STANDING ORDERS – 7 DAYS CONTROLLED SUBSTANCES – P R N ORDERS – 72 HRS. WARFARIN – UP TO 7 DAYS HEPARIN IV – 1 DAY HEPARIN MINIDOSE – 30 DAYS
Medication orders must include the dose, frequency and route of administration. All entries must be signed legibly and must include a legible printed name or name stamp. All entries require a date and time.	

DATE: _____ TIME: _____

Verbal/Telephone Order Read Back Confirmed

CRU (Clinical Research Unit) #: _____

NURSING ONLY
TRANSCRIBED BY:
CHECKED BY:
DOUBLE CHECK:
TIME FAXED:

PRESCRIBER SIGNATURE	PRINT NAME	DATE/TIME
----------------------	------------	-----------

DO NOT USE:

Abbreviations for Medications (ARA°A, AZT, HCT, HCTZ, MgSO4, MS, MTX, Norflox, TAC, ZnSO4, CPZ)

Unapproved directions (IU, QD, QOD, U, x3d, x4d, etc., µg)

Apothecary Symbols

A trailing "0" after decimal (eg. NOT 5.0) ..you must have a leading "0" prior to decimal (0.1 NOT .1)