fraserhealth

ORDERS & DIRECTIVES

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DRUG & FOOD ALLERGIES

HEIGHT:_____cm
WEIGHT:_____kg
☐ PREGNANT
☐ BREASTFEEDING

Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead
U, IU, u or iu	unit	D/C	discharge	> or <	greater than or less than
QD or qd	daily	cc	mL	trailing zero (x.0 mg)	x mg
QOD or qod	every other day	µg	mcg	lack of leading zero (.x mg)	0.x mg
drug name abbreviations	write generic drug names	@	at	OS, OD, OU	left eye, right eye, both eyes

DATE & TIME	ORDERS & DIRECTIVES
	Your patient will be receiving _____treatment in JPOSCS Medical Daycare
	Please fill out and sign reaction medications orders below:
	Reaction Management: In case of infusion reaction, HOLD infusion and notify physician and give:
	☐ DiphenhydrAMINE 25-50 mg IV or PO Q4H PRN
	☐ Acetaminophen 650 mg PO PRN for pain or fever
	☐ DimenhyDRINATE 25-50 mg IV Q24H for nausea
	For severe allergic reaction:
	☐ Hydrocortisone 100mg IV X 1 dose PRN
	☐ Administer Oxygen for Hypoxia Goal: SpO2 above 92%
	For hypotensive episodes give:
	☐ Sodium Chloride 0.9% 500ml IV bolus

Please do not write in this area

Information written in this area is not transmitted by fax

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