



ORDERS & DIRECTIVES



DRDO103161C

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DRUG & FOOD ALLERGIES

HEIGHT: _____ cm	Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead
WEIGHT: _____ kg	U, IU, u or iu	unit	D/C	discharge	> or <	greater than or less than
<input type="checkbox"/> PREGNANT	QD or qd	daily	cc	mL	trailing zero (x.0 mg)	x mg
<input type="checkbox"/> BREASTFEEDING	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

- Port Flush Monthly X1 Year as per Fraser Health Guidelines
- FOR THROMBOTIC CENTRAL LINE OCCLUSION
 - Alteplase (CATHFLO) 2mg IV PRN to each affected lumen of the central line
 - May repeat as needed as per Fraser Health Protocol X1 year
- Draw blood from CVC/IVAD as per lab requisition(s)

Print Shop # 255938

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