

PHYSICIAN STANDING ORDERS
The Gardens At Calvary

Resident:		Date:	
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STANDING ORDERS:		
1. Headache, minor discomfort and/or fever up to 100 degrees oral:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Tylenol (Acetaminophen) 325mg – 2 tablets every 4 hours as needed x 24 hours b. Temperature greater than 100 degrees orally physician will be notified 		
2. Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Robitussin (Guaifenesin) 2 teaspoons (10 cc) by mouth every 6 hours as needed up to 72 hours Physician will be notified if temperature greater than 100 degrees develops. 		
3. Constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Milk of Magnesia – 2 tablespoons (30 cc) by mouth as needed x 1 dose. <i>If no relief in 8 hours;</i> b. 6 ounces of prune juice with 30 cc of Milk of Magnesia. <i>If no relief;</i> 		
4. Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Imodium – take one tablet by mouth after each loose stool b. No more than 6 in a 24-hour period. 		
5. Heartburn or Indigestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Maalox or Mylanta – 2 tablespoons (30 cc) as needed up to 4 times a day for 24 hours 		
6. Nausea or Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. promethazine gel 12.5mg p.o.or rectally every 4 to 6 hours as needed. Clear liquid diet x 24 hours Will notify physician if no improvement in 24 hours. 		
7. Minor Skin Tears and General First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> a. Clean area with sterile water, then cleanse with peroxide b. Apply Neosporine (triple antibiotic) c. If dressing is required, use Band-Aid or non-adhesive dressing. d. Change dressing PRN until healed 		

Physician's Signature:		Date:	
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Orders Received By:		Date:	
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