

## Physician Orders

### LEB Multivitamin Formulary Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Medications</b>		
<input type="checkbox"/>	multivitamin ( Poly-Vi-Sol Drops)	0.5 mL, Drops, PO, QDay, Routine
<input type="checkbox"/>	multivitamin ( Poly-Vi-Sol Drops)	1 mL, Drops, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with iron ( Poly-Vi-Sol with Iron Drops)	0.5 mL, Liq, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with iron ( Poly-Vi-Sol with Iron Drops)	1 mL, Liq, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( Flintstones Complete)	1 tab, Chew tab, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with iron ( Flintstones with Iron Chewable)	1 tab, Chew tab, PO, QDay, Routine, Multivitamin with iron not appropriate for correction of iron deficiency or for treatment of iron deficiency anemia.
<input type="checkbox"/>	multivitamin with minerals ( Unicomplex M )	1 tab, Tab, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( Cerovite Liquid )	5 mL, Oral Susp, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( Cerovite Liquid )	10 mL, Oral Susp, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( Cerovite Liquid )	15 mL, Oral Susp, PO, QDay, Routine
<b>Note: Cystic Fibrosis Vitamins</b>		
<input type="checkbox"/>	multivitamin with minerals ( ADEKs oral tablet, chewable )	1 tab, Chew tab, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( ADEKs oral liquid )	1 mL, Drops, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( ADEKs oral liquid )	2 mL, Drops, PO, QDay, Routine
<input type="checkbox"/>	multivitamin with minerals ( AquADEKs )	1 cap, Cap, PO, QDay, Routine
<b>Note: Nephrology Vitamins</b>		
<input type="checkbox"/>	multivitamin	1 tab, Tab, PO, QDay, Routine
<input type="checkbox"/>	multivitamin	0.5 mL, Liq, PO, QDay
<input type="checkbox"/>	multivitamin	1 mL, Liq, PO, QDay
<input type="checkbox"/>	multivitamin	5 mL, Liq, PO, QDay



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#### PEDIATRIC

Medications continued		
<b>Note: Hypoallergenic Vitamins</b>		
<input type="checkbox"/>	Nano VM Age 1-3	1 packet, Packet, PO, QDay, Routine, DISSOLVE IN THICK LIQUIDS OR SOFT
<input type="checkbox"/>	Nano VM Age 4-8	1 packet, Packet, PO, QDay, Routine, DISSOLVE IN THICK LIQUIDS OR SOFT
<input type="checkbox"/>	Nano VM T/F 9 to 18 years	41 mL, Oral Susp, PO, QDay, Routine, Comment: USE IMMEDIATELY AFTER PREPARING.
<b>MAY MIX WITH 30 ML OF WATER PER SERVING TO THIN PRIOR TO ADMINISTRATION</b>		
<input type="checkbox"/>	Nano VM T/F 9 to 18 years	82 mL, Oral Susp, PO, QDay, Routine, Comment: USE IMMEDIATELY AFTER PREPARING.
<b>MAY MIX WITH 30 ML OF WATER PER SERVING TO THIN PRIOR TO ADMINISTRATION</b>		

Date	Time	Physician's Signature	MD Number
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