

attach patient label here



Physician Orders ADULT
Order Set: PRN Common Comfort Medication
Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Medications		
<input type="checkbox"/>	acetaminophen	650 mg, PO, q6h, PRN Pain, Mild (1-3), Routine, T;N
<input type="checkbox"/>	promethazine	12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, T;N
<input type="checkbox"/>	temazepam	15 mg, Cap, PO, hs, PRN Insomnia, Routine, T;N
<input type="checkbox"/>	famotidine	20 mg, Tab, PO, q12h, Indigestion, Routine, T;N
<input type="checkbox"/>	famotidine	20 mg, Injection, IV Push, q12h, PRN Indigestion, Routine, T;N
<input type="checkbox"/>	magnesium hydroxide (Milk of Magnesia)	30 mL, Liq, PO, QDay, PRN Constipation, Routine, T;N
<input type="checkbox"/>	bisacodyl	10 mg, Tab, PO, QDay, PRN Constipation, Routine, T;N, Comment: may repeat x 1
<input type="checkbox"/>	Al hydroxide/Mg hydroxide/simethicone (Maalox Max)	10 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine, T;N

Date

Time

Physician's Signature

MD Number

