



Physician Orders

LEB Multivitamin Formulary Plan

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Latex allergy Other: _____

Medications

<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
Note: Cystic Fibrosis Vitamins		
<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
Note: Nephrology Vitamins		
<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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Medications continued	
Note: Hypoallergenic Vitamins	
<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.
MAY MIX WITH 30 ML OF WATER PER SERVING TO THIN PRIOR TO ADMINISTRATION	
<input type="checkbox"/>	Nano VM T/F 9 to 18 years 82 mL, Oral Susp, PO, QDay, Routine, Comment: USE IMMEDIATELY AFTER PREPARING.
MAY MIX WITH 30 ML OF WATER PER SERVING TO THIN PRIOR TO ADMINISTRATION	

Date	Time	Physician's Signature	MD Number
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