



# UPSTATE

UNIVERSITY HOSPITAL

## Clinical Research PHYSICIANS ORDERS

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

Account #: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION REQUESTED ON ADMISSION ORDERS ONLY	AUTOMATIC STOP ORDERS
ALLERGIES/REACTIONS:  HT: _____ WT/KG: _____	CONTROLLED SUBSTANCES – STANDING ORDERS – 7 DAYS CONTROLLED SUBSTANCES – P R N ORDERS – 72 HRS. WARFARIN – UP TO 7 DAYS    HEPARIN IV – 1 DAY    HEPARIN MINIDOSE – 30 DAYS
<b>Medication orders must include the dose, frequency and route of administration.            All entries must be signed legibly and must include a legible printed name or name stamp.            All entries require a date and time.</b>	

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Verbal/Telephone Order Read Back Confirmed

CRU (Clinical Research Unit) #: \_\_\_\_\_

NURSING ONLY
TRANSCRIBED BY:
CHECKED BY:
DOUBLE CHECK:
TIME FAXED:

PRESCRIBER SIGNATURE	PRINT NAME	DATE/TIME
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### DO NOT USE:

**Abbreviations for Medications (ARA°A, AZT, HCT, HCTZ, MgSO4, MS, MTX, Norflox, TAC, ZnSO4, CPZ)**

**Unapproved directions (IU, QD, QOD, U, x3d, x4d, etc., µg)**

**Apothecary Symbols**

**A trailing "0" after decimal (eg. NOT 5.0) ..you must have a leading "0" prior to decimal (0.1 NOT .1)**