


University of Cincinnati Hospital

Day 2 Orders – Page 4 of 4

 "ORDCHK"	UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET	
All applicable orders have been checked. ORDERS NOT CHECKED ARE NOT TO BE FOLLOWED.		
Orders are modified according to the medical condition of the patient. All orders are to be dated, timed and signed by a physician. Additional orders may be entered at the end of the order set. If the orders are transcribed in sessions, the transcriber must date, time, and initial in the section marked order noted. If the entire set of orders is transcribed at one time, make a single slash across the page and enter the date, time, and your initials.		PAGE <u>4</u> OF <u>4</u> UMC-44 Rev. 6/95

ALLERGIES	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number	<input checked="" type="checkbox"/>	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
		<i>Acute Stroke Prescriptions/Clinical Pathway Day 2 Continued</i>	(Date/Time)	(Initial)
		Target PT/INR Range _____		

11.		Weights: daily		
12.		Oxygen _____ per nasal cannula at liters		
		_____ per mask at _____ %		
13.		_____ DC IV and convert to hepllock		

White-Chart Yellow-Pharmacy Pink-Floor Copy