Memorial
Hospital of South Bend* Quality of Life

U, u unit Q.D., QD, q.d., qd daily qod X.0 mg (trailing zero) X .X (lack of leading zero 0.X MS Morphne Sulfate MS, Mg So4 Magnesium Sulfate

INSTRUCTIONS:

- ${\it 1. Specify route, dose, and frequency on medication orders.}\\$
- 2. The ${\sf F}$ column is used to indicate faxing of orders to pharmacy.
- 3. Generic and/or the rapeutic substitutions may be made according to the $\,$ ${\tt FORM\,ULA\,RY\,unless\,the\,physician\,specifically\,writes,"DO\,NOT\,SUB\,STITUTE."}$

DATE	TIME	PATIENT IDENTIFICATION ORDER			
DAIL	IIIVIL	Level of Care Initial MH			
		Admit to Inpatient (expect stay 2 midnights or longer)			
		☐ Place in Outpatient Observation (expect stay less than 2 midnights)			
		☐ Outpatient (surgery/procedure, extended recovery, expect stay <2 midnights)			
					☐ Telemetry requested
		Z. Fleielled A	umission Location.	L	1 relementy requested
Nurse's Signature / Time Noted			Physician's Signature / Time N	oted	

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