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| --- | --- |
| Specialty or Program**Condition/Procedure and or Event** **Order Set****(additional information)** | **DRAFT TEMPLATE IN PRODUCTION****DO NOT USE** |

*These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.*

**■ Automatically activated, if not in agreement, cross out and initial** □ **Requires Check (√) for Activation**

|  |
| --- |
| Patient Weight \_\_\_\_ kg □ Estimated □ Actual Weight. Date (yyyy/mmm/dd) \_\_\_\_\_\_\_\_\_\_\_Patient Height \_\_\_\_ cm □ Estimated □ Actual Height. Date (yyyy/mmm/dd) \_\_\_\_\_\_\_\_\_\_\_Relevant Co-morbidities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*optional*)ACP STATUS \_\_\_\_\_\_ |
| **Medication Orders** | **General Orders** |
|  | Admission Status/Admit/Transfer/DischargeDiagnosisConditionVital Signs and Monitoring ActivityNursing - Patient Care e.g. blood products, dressingsRespiratoryIV InfusionsNutritionLaboratoryDiagnostic Tests/Procedures e.g. medical ImagingClinical ConsultsCommunication Orders e.g. alerts or escalation |
| Prescriber’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date and time (yyyy/mmm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faxed date and time (yyyy/mmm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |