|  |  |
| --- | --- |
| 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/Discharge  Diagnosis  Condition  Vital Signs and Monitoring  Activity  Nursing - Patient Care e.g. blood products, dressings  Respiratory  IV Infusions  Nutrition  Laboratory  Diagnostic Tests/Procedures e.g. medical Imaging  Clinical Consults  Communication Orders e.g. alerts or escalation | |
| Prescriber’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date and time (yyyy/mmm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faxed date and time (yyyy/mmm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |