Mountainview Medical Center, Inc.
P.O. Box Q
16 West Main
White Sulphur Springs, MT 59645

DOCTOR'S ORDER SHEET (Standing)

Last Name	First Name	Attending Physician	Room No.	Patient No.

Ordered Date	Ordered Hour	**Routine Pneumonia Orders** *Circle Yes or NO for each item*	Discontinued Date	Discontinued Hour
		1.) X-ray:		
		PA and Lateral CXR YES NO		
		Portable CXR YES NO		
		Other: YES NO		
		2.) Labs:		
		CBC YES NO		
		BMP YES NO		
		CMP YES NO		
		UA YES NO		
		Other YES NO		
		3.) Cultures:		
		sputum for gm stain and c & s YES NO		
		blood cultures x 2 site YES NO		
		Other: YES NO		
		4.) IV with _____@_____cc/hr or		
		_____heplock		
		5.) Antibiotics (start within 4° of presentation)		
		Rocephin 2 gm IV q24° YES NO		
		Zithromax 500 mg p.o. q24° day 1, 250mg QD X 4 days YES NO		
		Biaxin 500mg PO BID YES NO		
		Levaquin 500 mg IV q 24° if cephalosporin allergy YES NO		
		other:		
		6.) Albuterol 2.5 mg in 3 cc NS q4° prn dyspnea YES NO		
		7.) _____O2_____ YES NO		
		8.) VS Q ____hrs with O2 saturations. Maintain saturation at _____.		