

North Bay Regional Health Centre

Residential Treatment Services Orders Pre-Printed Physician's Orders

Patient Name:

DOB: (dd/mm/year)

ALLERGIES: ☐ NKA _____

Height: _____ **cm** **Weight:** _____ **kg**

Allergic reaction

- ☐ diphenHYDRAMINE (Benadryl) 25 mg 1 to 2 tablets po bid prn
Quantity of tablets _____

Pain Management - (fever, pain, headache)

- ☐ acetaminophen 325 mg (Tylenol) 1 to 2 tablets po qid prn
Quantity of tablets _____
- ☐ acetaminophen 500 mg (Tylenol ES) 1 to 2 tablets po qid prn
Quantity of tablets _____

Pain Management - (fever, pain, headache, inflammation)

- ☐ ibuprofen 200 mg 1 to 3 tablets po tid prn
Quantity of tablets _____

HS sedation

Only select one

- ☐ quetiapine (Seroquel) 25 mg 1 to 4 tablets po hs prn
Quantity of tablets _____
- ☐ trazodone (Desyrel) 50 mg 1 to 2 tablets po hs prn
Quantity of tablets _____
- ☐ Other _____
Quantity of tablets _____

Bowel Management Stool Softener, Laxative

- ☐ docusate sodium (Colace) 100 mg po bid prn
Quantity of capsules _____
- ☐ sennosides (Senokot) 8.6 mg 1 to 2 tablets po hs prn (effective within 24 hours)
Quantity of tablets _____
- ☐ bisacodyl 5 mg 1 to 2 tablets po hs prn (onset approximately 6 hours)
Quantity of tablets _____
- ☐ lactulose 15 to 20 mL po bid prn (onset 12 hours)
Quantity _____ mL

Bowel Management Suppository, Enema

If no bowel movement in 3 days

- ☐ glycerine suppository 1 suppository in am after breakfast, repeat in 30 minutes if ineffective prn
Quantity of suppositories _____

If no bowel movement in 5 days

- ☐ sodium phosphate enema – 1 enema in am, repeat the following day if ineffective prn
Quantity of enemas _____

Heartburn, Indigestion

- ☐ magnesium hydroxide (Milk of Magnesia) 15 to 30 mL po bid prn (onset 6 hours, not to be given to patients with renal disease.
Quantity _____ mL

Nausea, Vomiting

- ☐ dimenHYDRINATE (Gravol) 50 to 100 mg po qid prn
Quantity of tablets _____

Date: _____

Time: _____

Physician Signature: _____

Physician Print Name: _____