




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS ORDERS FOR DIAGNOSIS OF MULTIPLE SCLEROSIS
		Reference:
		Admit to Unit _____ Attending Dr. _____ Resident Pager # _____
	1.	Diagnosis: Multiple Sclerosis
	2.	Condition:
	3.	Allergies:
	4.	Vital Signs: bid and before and after each dose of Methylprednisolone
	5.	Activity:
	6.	Diet: Low Sodium (2 gram) 2000 calories ADA
	7.	Nutrition Consult: Diet Instruction
	8.	Midline IV access if possible, otherwise place a peripheral saline lock
	9.	Consult Physical Therapy and Occupational Therapy for: Evaluation and Treatment
	10.	Labs: a. Admission: CBC with diff, Chem 7, UA, Urine C&S b. AM Chem 7 on hospital day number three
	11.	Overhead frame and trapeze for bed
	12.	Intermittent straight catheterization prn for urinary retention, incontinence, or specimen collection
	13.	<p>MEDICATION ORDERS: Enter drug and dose (if necessary) otherwise, line through order</p> <p>a. Methylprednisolone 500 mg IV bid x doses. Infuse over 30-60 minutes at 0800 and 1800 hours. First dose due: _____ Check BP before and after infusion.</p> <p>b. Ergocalciferol 50,000 units, one po weekly</p> <p>c. Calcium Carbonate 650 mg, three tablets po bid</p> <p>d. Famotidine 20 mg po bid</p> <p>e. Diazepam 5-10 mg po q 6 hours prn anxiety</p> <p>f. Diphenhydramine 50 mg po q hs prn sleep</p> <p>g. Nifedipine 10 mg po (bite and swallow the capsule) prn for systolic greater than 180 or diastolic BP greater than 115. Repeat BP in 30 to 45 minutes. If hypertension remains unresolved, notify the resident.</p> <p>h. Milk of Magnesia 30 ml po daily prn. Acetaminophen 325 mg 1 or 2 tablets po q 4 hours prn pain</p> <p>i. Aluminum Hydroxide/Magnesium Hydroxide and Simethicone 30 ml po prn</p> <p>j. Bisacodyl suppository pr prn</p> <p>k. Patient's usual bowel medications. Nurse may write verbal as needed.</p>

Physician Signature: _____ Pager: _____