



596 Davis Drive
Newmarket, ON L3Y 2P9

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: (Print, first, last) _____	
DOB: dd / mm / yy .	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: dd / mm / yy

Find height & weight in electronic medical record.

Allergies: NKA, or: _____

Pharmacy STAT Barcode

Guide: 1. Where tick boxes are offered, only tick orders that are to be pursued.

2. If completing on hard copy: a) Use BLACK ballpoint. b) Where appropriate, draw a line through orders not needed & initial.

Action Codes: S – scanned to Pharmacy M – transcribed to MAR N – order noted R – request sent ✓ – all orders copied & completed

MSK Bowel Routine Order Set	ACTION CODE
<p style="text-align: center;">Bowel Management</p> <p><input checked="" type="checkbox"/> If greater than 3 BM in last 24 hours, consult with Physician</p> <p><input checked="" type="checkbox"/> If no BM in last 96 hours, consult with Physician</p> <p>Bowel Routine</p> <p><input checked="" type="checkbox"/> Senna Glycosides 17.2 mg PO QHS</p> <p>If no BM in last 48 hours:</p> <p><input checked="" type="checkbox"/> Bisacodyl suppository 10 mg PR daily</p> <p><input checked="" type="checkbox"/> Polyethylene Glycol (PEG) 3350 17 g PO daily</p> <p>If no BM in last 72 hours:</p> <p><input checked="" type="checkbox"/> Sodium Phosphate (Fleet) enema PR daily</p> <p><input checked="" type="checkbox"/> Increase Senna Glycosides to 17.2 mg PO BID</p> <p>Additional Orders:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Practitioner's Signature: _____ <small>Signature (Include Professional Designation)</small>	CPSO/RHP# or Printed Name: _____ <small>(Print. MDs use CPSO #.)</small>	Date _____ Time _____ <small>(DD/MM/YY) (24 hrs)</small>	<input type="checkbox"/> Scanned to Pharmacy

