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STONY BROOK UNIVERSITY MEDICAL CENTER
Stony Brook, N.Y. 11794

PHYSICIAN'S ORDER SHEET
CONTINUATION

UNIT

Date	Time	<p>ORDERS: Must include physician's signature and ID# STAT ORDERS MUST BE COMMUNICATED TO NURSE DO NOT USE PROHIBITED ABBREVIATIONS Never use: QD, qd, QOD, qod, ug, U, IU, Apothecary symbols, Apostrophe for time, BIW, TIW, decimal point without a leading zero, Trailing zero after whole number, MS0₄, MS, MgSO₄, any other drug abbreviations.</p>	Transcriber's Initials/ID#
		SUFFOLK COUNTY SANE PROGRAM	
		MEDICATION OPTIONS	
		1. Levonorgestrel 1.5 mg P.O. times one dose if indicated.	
		2. Ondansetron 8mg P.O. times one dose prn for nausea.	
		3. Ceftriaxone 250mg IM times one dose. (Reconstitute with 1% Lidocaine per Pharmacy instructions) if indicated. (*Alternative: Cefpodoxime (Vantin) 200 mg P.O. times one dose)	
		(* Use only if patient refuses Ceftriaxone)	
		4. Azithromycin (Zithromax) 1 gram P.O times one dose prn.	
		5. Truvada P.O. times one dose now (Tenofovir 300mg plus Emtricitabine 200 mg) give 7 day supply if indicated.	
		6. Raltegravir 400 mg P.O. times one dose now, give 7 day supply To be taken every 12 hours if indicated.	
		7. Ibuprofen 400mg P.O. times one dose prn for complaints of pain.	
		_____ Attending Signature	

USE BALL POINT PEN ONLY AND PRINT CLEARLY