

Raleigh General Hospital

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician

Physician's Order and Signature

Date	Time	Pediatric Encephalitis/Meningitis Orders	Verbal/Phone Order Read Back and Verified with Practitioner YES
		http://www.uptodate.com/contents/viral-meningitis-clinical-features-and-diagnosis-in-children?source=search-results&search=PEDIATRIC&ENCEPHALITIS%2FMENINGITIS&SELECTEDTITLE=1%7E150	<input type="checkbox"/>
		Nursing Orders:	<input type="checkbox"/>
		<input type="checkbox"/> Neuro checks every _____ hours.	<input type="checkbox"/>
			<input type="checkbox"/>
		Labs:	<input type="checkbox"/>
		<input type="checkbox"/> Serum Lacrosse	<input type="checkbox"/>
			<input type="checkbox"/>
		Imaging:	<input type="checkbox"/>
		<input type="checkbox"/> CT Scan Brain [<input type="checkbox"/> with contrast <input type="checkbox"/> without contrast <input type="checkbox"/> with and without contrast]	<input type="checkbox"/>
			<input type="checkbox"/>
		Other Tests:	<input type="checkbox"/>
		<input type="checkbox"/> Lumbar Puncture	<input type="checkbox"/>
		<input type="checkbox"/> CSF Culture	<input type="checkbox"/>
		<input type="checkbox"/> CSF Cell Count	<input type="checkbox"/>
		<input type="checkbox"/> CSF Gram Stain	<input type="checkbox"/>
		<input type="checkbox"/> CSF Glucose	<input type="checkbox"/>
		<input type="checkbox"/> CSF Total Protein	<input type="checkbox"/>
		<input type="checkbox"/> Other: _____	<input type="checkbox"/>
			<input type="checkbox"/>
		Consults:	<input type="checkbox"/>
		<input type="checkbox"/> Anesthesia Reason: Sedation for Procedure	<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
		Physician's Signature _____ Date: _____ Time: _____	<input type="checkbox"/>
ALLERGIES & SENSITIVITIES [] NKA			PATIENT ID LABEL HERE
Weight	Height	Diagnosis	