

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



1PO

HOME APNEA MONITOR ORDERS - PEDIATRICS AND NICU

MSW/DCP Name: _____ Phone: _____ Page: _____

Information fax to vendor by MSW/DCP: [check when done] Date Faxed _____ by _____

Patient Demographic Sheet

Diagnosis: Extreme Immaturity (765.0) Other Preterm Infants (765.1) SIDS (798.0) Apparent Life Threatening Event

Chronic Respiratory Disease Arising in the Perinatal Period [770.7] Other: _____

Gestational Age: _____ weeks ht _____ in / cm wt _____ Kg

ALLERGIES: _____

Home Apnea Monitor Order to be completed by LIP

Prescription: _____

Settings: Apnea: _____ Low Heart: _____ High Heart: _____

Medications: _____

Download: Yes No Belt Stick-On Electrodes

Fax Download To: _____

Attention: _____ Fax Number: _____

Other Therapies:

Oxygen: _____

Pulse Oximetry: _____

Other: _____

LIP PRINTED NAME: _____ PHONE: _____ PAGER: _____

LICENSE #: _____ NPI: _____ CLINIC #: _____

NAME OF VENDOR: _____ PHONE: _____ FAX: _____

DATE: _____ TIME: _____ LIP SIGNATURE: _____ ID #: _____



Colby Campus • 1321 Colby Ave.
Pacific Campus • 916 Pacific Ave.
Pavilion for Women and Children • 900 Pacific Ave.
Providence Regional Cancer Partnership
1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

HOME APNEA MONITOR ORDERS -
PEDIATRICS AND NICU (03/11)

Patient Name: _____

Birthdate: _____

33224 (04/04/11)

DO NOT WRITE OUTSIDE OF BORDER AREA