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

DO NOT WRITE OUTSIDE OF BORDER AREA

HOME NEBULIZER THERAPY ORDER - PEDIATRICS AND NICU

SW/DCP Name: _____ Phone _____ Pager _____

****

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

☐ Patient Demographic Sheet

Diagnosis: ☐ **Bronchiolitis (466.19)** ☐ **Asthma (493.0)** ☐ **Bronchospasm (519.1)**
☐ **RSV (079.6)** ☐ **RAD (493.9)** ☐ **Other** _____

ht _____ **in / cm wt** _____ **Kg** **ALLERGIES** _____

Home Nebulizer Therapy Order to be completed by LIP

Prescription:

☐ Albuterol Sulfate 2.5mg unit dose	BID	TID	QID	every 4hr	Other: _____
☐ Albuterol Sulfate 0.5% ml + _____ ml NS	BID	TID	QID	every 4hr	Other: _____
☐ Ipratropium Bromide 0.5mg unit dose	BID	TID	QID	every 4hr	Other: _____
☐ Duoneb unit dose or equivalent	BID	TID	QID	every 4hr	Other: _____
☐ Cromolyn Sodium 20 mg unit dose	BID	TID	QID		Other: _____
☐ Normal Saline 3 ml	BID	TID	QID	every 4hr	Other: _____
☐ Pulmicort ☐ 0.25mg ☐ 0.5mg (unit dose)	BID	DAILY			Other: _____
☐ Other _____	BID	TID	QID	every 4hr	Other: _____
☐ Refill _____					

Equipment:

☐ Standard Neb-Compressor

Length of Need:
☐ 12 Months
☐ Lifetime (99)
☐ Other _____

IS PATIEN'TS BREATHING SEVERELY IMPAIRED? ☐ YES ☐ NO

DID YOU CONSIDER USE OF MDI (INHALER) PRIOR TO PRESCRIBING NEBULIZER? ☐ YES ☐ NO

LIP PRINTED NAME: _____ PHONE: _____ PAGER: _____

LICENSE #: _____ NPI: _____ CLINIC #: _____

NAME OF VENDOR: _____ PHONE: _____ FAX: _____

DATE: 05/12/2011 TIME: 0915 LIP SIGNATURE: _____ ID #: _____

PROVIDENCE
Regional Medical Center
Everett

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

HOME NEBULIZER THERAPY ORDER - PEDIATRICS AND NICU (04/11)

31475 (04/15/11)

PLACE PATIENT LABEL HERE

Patient Name: _____

Birthdate: _____