1. ALLERGIES/REACTIONS: 

2. MEDICATION AND MONITORING:
   INDICATION: 

   Calculations:
   Actual Body Weight: ______ kg  
   Ht __________________________ cm
   Adjusted Body Weight: ________ kg  
   Ideal Body Weight: ______________ kg
   Dosing weight used for load: ______ kg 
   BMI: ________________________________
   Dosing weight used for maintenance ______ kg  
   Serum Creatinine: ______ mg/dL
   Estimated Creatinine Clearance: __________ ml/minute

MEDICATION #1: 
- Loading Dose ______ mg IV times 1 dose NOW
- Maintenance Dose ______ mg IV every ______ hours
  Next dose due: (DATE) ______ (TIME) __________

MEDICATION #2: 
- Loading Dose ______ mg IV times 1 dose NOW
- Maintenance Dose ______ mg IV every ______ hours
  Next dose due: (DATE) ______ (TIME) __________

MEDICATION #3: 
- Loading Dose ______ mg IV times 1 dose NOW
- Maintenance Dose ______ mg IV every ______ hours
  Next dose due: (DATE) ______ (TIME) __________

MEDICATION #4: 
- Loading Dose ______ mg IV times 1 dose NOW
- Maintenance Dose ______ mg IV every ______ hours
  Next dose due: (DATE) ______ (TIME) __________

3. LABS:
   ☑  BMP daily times 3 days, then every other day, or ________________________
   Drug Level Labs: DO NOT HOLD MEDICATION FOR RESULTS
   ☐ DRAW drug (___________) Level: ☐ Random  ☐ Trough  ☐ Peak 
     Goal Drug Level: ______________
     DATE: ____________________ TIME: __________________
   ☐ DRAW drug (___________) Level: ☐ Random  ☐ Trough  ☐ Peak 
     Goal Drug Level: ______________
     DATE: ____________________ TIME: __________________
   ☐ DRAW drug (___________) Level: ☐ Random  ☐ Trough  ☐ Peak 
     Goal Drug Level: ______________
     DATE: ____________________ TIME: __________________

4. TREATMENT:
   ☑  Daily Intake and Output

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE  TIME  PHYSICIAN’S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐