

Location: \_\_\_\_\_

**Medication**

**Medications (Required)**

**Medications (Required)**

**cloZAPine (CLOZARIL) tablet Dose: 25**

**Question(s):**

Indication:

Type of Therapy:

**cloZAPine (FAZACLO) disintegrating tablet Dose: 25 Frequency: nightly**

**Question(s):**

Indication:

Type of Therapy:

**Split Dosing (AM and PM) - Medications**

**Split Dosing (AM and PM) - cloZAPine (CLOZARIL) tablet**

**cloZAPine (CLOZARIL) tablet Dose: 25 Route: oral Frequency: every morning**

**Question(s):**

Indication:

Type of Therapy:

**cloZAPine (CLOZARIL) tablet Dose: 25 Route: oral Frequency: nightly**

**Question(s):**

Indication:

Type of Therapy:

**Split Dosing (AM and PM) - cloZAPine (FAZACLO) disintegrating tablet**

**cloZAPine (FAZACLO) disintegrating tablet Dose: 25 Route: oral Frequency: every morning**

**Question(s):**

Indication:

Type of Therapy:

**cloZAPine (FAZACLO) disintegrating tablet Dose: 25 Route: oral Frequency: nightly**

**Question(s):**

Indication:

Type of Therapy:

**Associated Orders - Laxatives**

**sennosides-docusate sodium (SEKOT-S) 8.6-50 mg per tablet Dose: 1 tablet Route: oral Frequency: nightly**

**senna (SEKOT) tablet Dose: 2 tablet Route: oral Frequency: daily**

**docusate sodium (COLACE) capsule Dose: 100 mg Route: oral Frequency: 2 times daily**

**polyethylene glycol (MIRALAX) packet 17 gram Daily Dose: 17 g Route: oral Frequency: daily**

**Product Admin Instructions:**

Mix in 4-8oz of water.

**magnesium citrate solution Dose: 1 Bottle Route: oral Frequency: every 72 hours PRN PRN Comment: lack of bowel movement**

**Admin Instructions:**

Give 1/2 to 1 bottle every 72 hrs PRN lack of bowel movement.

**Labs**

**Labs**

**CBC with platelet and differential Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3**

**CBC with platelet and differential Frequency: Weekly Priority: Routine Specimen Type: Blood Maximum Quantity: 3**

**Cardiology**

**ECG**

**ECG 12 lead Frequency: Once Priority: Routine Maximum Quantity: 6**

**Question(s):**

Clinical Indications:  CHF

Interpreting Physician:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_