CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

PHYSICIAN'S ORDERS
Cystic Fibrosis Admission Orders

Allergy:_____

Date: _____ **Time:** _____

WEIGHT					
HEIGHT					

Pharmacy Use Only	Date & Time	PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE	Noted By RN / UC
		Medications for GI motility or Gastroesophageal reflux:	
		☐ Ranitidine _____ milligrams po twice daily (4 – 10 mg/kg/day)	
		☐ Omeprazole _____ milligrams po _____ time(s) a day (0.7 mg/kg/day; Max 80 mg/day)	
		☐ Domperidone _____ milligrams po three times a day before meals and at bedtime (1.2 – 2.4 mg/kg/day; Max 80 mg/day)	
		☐ Cisapride _____ milligrams po three times a day before meals and at bedtime (0.2 – 0.3 mg/kg/dose; Max 40 mg/day; **Special Access approval required**)	
		☐ Bethanechol _____ milligrams po three times a day before meals and at bedtime (0.1 – 0.2 mg/kg/dose)	
		☐ Other _____	
		Other Medications:	
		Signature _____	
		Print Name _____	
		College I.D. No. _____	

CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

PHYSICIAN'S ORDERS
Cystic Fibrosis Admission Orders

Allergy:_____

Date: _____ **Time:** _____

WEIGHT					
HEIGHT					

Pharmacy Use Only	Date & Time	PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE	Noted By RN / UC
		Medications for GI motility or Gastroesophageal reflux:	
		☐ Ranitidine _____ milligrams po twice daily (4 – 10 mg/kg/day)	
		☐ Omeprazole _____ milligrams po _____ time(s) a day (0.7 mg/kg/day; Max 80 mg/day)	
		☐ Domperidone _____ milligrams po three times a day before meals and at bedtime (1.2 – 2.4 mg/kg/day; Max 80 mg/day)	
		☐ Cisapride _____ milligrams po three times a day before meals and at bedtime (0.2 – 0.3 mg/kg/dose; Max 40 mg/day; **Special Access approval required**)	
		☐ Bethanechol _____ milligrams po three times a day before meals and at bedtime (0.1 – 0.2 mg/kg/dose)	
		☐ Other _____	
		Other Medications:	
		Signature _____	
		Print Name _____	
		College I.D. No. _____	