THE MOUNT SINAI HOSPITAL
NEW YORK, NEW YORK 10029
ORDER SHEET

INSTRUCTIONS:

1. ENTER ALL ORDERS FOR PROCEDURES AND DRUGS FOR THE PATIENT.
2. TO CALL ATTENTION TO THE ORDER, NAME AND DRUGS MUST BE WRITTEN ON "ORDER INDICATOR" SHEET ON FRONT COVER OF ORDER BOOK.
3. URGENT ORDERS MUST BE CALLED TO THE ATTENTION OF THE NURSE IN CHARGE.
4. DOCTOR'S SIGNATURE MUST FOLLOW EACH SET OF ORDERS.
5. TO DISCONTINUE AN ORDER: A COMPLETE NEW ENTRY MUST BE MADE. MEDICATIONS NOT PRESCRIBED AS TO A SPECIFIC DURATION WILL BE STOPPED AFTER FOUR (4) DAYS. CONTROLLED DRUGS (E.G. NARCOTICS, BARBITUATES, ETC.) WILL BE AUTOMATICALLY STOPPED AFTER THREE (3) DAYS.

DATE

NAME

UNIT NO.
SEX / AGE

SERIAL NO.
LOCATION

PHYSICIAN SERVICE

TEMPLATE

ORDERED		IN ACCORDANCE WITH THE HOSPITAL FORMULARY SYSTEM CURENTLY STOCKED DRUGS WILL BE DISPENSED	DISPOSITION		
DATE	TIME	**ORDER**	SIGNATURE	TIME	DATE DISC.
		Study: [Study title]			
		GCO #: [00-0000]			
		PI: [Provider name, phone number]			
		Co-I: [Provider name, phone number]			
		CC: [Coordinator name, phone number]			
		Sample Phlebotomy/Nasopharyngeal Orders			
		• Confirm signed consent form			
		• **MSH Lab**:			
		○ Nasopharyngeal SARS COV 2 PCR			
		○ CBC with diff & platelets			
		○ PT/PTT/INR			
		• **Investigator Lab**: (*study team will provide vacutainer tubes, return tubes to study team*)			
		○ 8.5 mL ACD tube x 1			
		○ 6 mL K2EDTA tube x 1			
		• Discharge participant to home			