Physician’s Order Section

IV to PO Conversion Order Form/Worksheet

Height: __________    Weight: __________
Allergies: _____________________________

The Pharmacy & Therapeutics Committee has approved that patient’s meeting the following criteria can automatically be converted to a PO version of the listed medication.

Date/Time: __________

Pharmacy recommends:

D/C (enter drug, dose, and route)

Start (enter drug, dose, and route)

This change will take place on ______ at ______

Pharmacist’s signature:
___________________________

If you (the Primary Care Practitioner) DO NOT want this conversion to occur, please write an order in the Physician order section. For questions/concerns call XXX

Criteria for Conversion to PO:

_____ Tolerating other drugs by oral route
_____ Being fed enterally (at minimum a clear liquid diet), i.e. a functioning GIT
_____ Patient does NOT have persistent N/V, ileus, gastric outlet obstruction, active GI bleed, loss of consciousness, NPO orders that applies to all meds

If an antibiotic: (in addition to above)

_____ Resolution of fever for 24 hours
_____ CBC improving, preferably < 15K in absence of steroids
_____ Patient does NOT have meningitis, endocarditis, septicemia, neutropenia, osteomyelitis, or MRSA
_____ Hemodynamically stable

* This is a permanent part of the medical record.