

Physician's Order Section

IV to PO Conversion Order Form/Worksheet

Height: _____ Weight: _____

Allergies: _____

(Addressograph)

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.