

## Standard Orders

FC13

**Standard Order Code:** IODO4 IODOPHOR STANDING ORDER

**Order Type:** T TREATMENTS

**Order Code:** TX TREATMENTS

**Order Text:** APPLY NASAL IODOPHOR 10% ANTISEPTIC SINGLE SWAB TO EACH NOSTRIL TWICE DAILY FOR 5 DAYS ON ADMISSION THEN PER ROUTINE CYCLE (M-F BID qoweeek) UNLESS ALLERGIC

**Descriptive Text:**

**Criteria:** Strd Order Code: IODO4  
Facility: FC13

**Run Date:** 1/30/2017 9:55:08 AM

ORDER DETAIL FOR ORDER TYPE: (T) TX

Standard order:\*

IODO4

Description:\*

IODOPHOR STANDING ORDER

Order code:\*

TX

Admitting order:  Yes  No

Auto-build:  Yes  No

Active:  Yes  No

Order Name: POVIDONE-IODINE 10% SWAB

NDC Number: 46414-7777-02

Generic Name: Povidone Iodine

Amount: SINGLE SWAB

Route of Admin: TP TOPICALLY

Time Code: AMPM DAY AND PM SHIFT

Diagnoses:



CHARTING OPTIONS

Time values

Descriptive Text

Frequency Options

Descriptive text group:

FILL OPTIONS

Fill

Do not fill

ORDER TEXT

BUILD ORDER

APPLY NASAL IODOPHOR 10% ANTISEPTIC SINGLE SWAB TO EACH NOSTRIL TWICE DAILY FOR 5 DAYS ON ADMISSION THEN PER ROUTINE CYCLE (M-F BID qweek) UNLESS ALLERGIC

SAVE

DONE

CANCEL

Add another order

**Standard Orders**

FC13

**Standard Order Code:** CHLOR CHLORHEXIDINE

**Order Type:** T TREATMENTS

**Order Code:** TX TREATMENTS

**Order Text:** BATHE/SHOWER WITH CHLORHEXIDINE ON ADMISSION AND DAY AFTER ADMISSION, AND THEN PER ROUTINE CYCLE FOR ALL BATHING/SHOWERING NEEDS UNLESS ALLERGIC

**Descriptive Text:**

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**Criteria:** Strd Order Code: CHLOR  
Facility: FC13

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**Run Date:** 1/30/2017 9:52:32 AM

**Page:** 1

ORDER DETAIL FOR ORDER TYPE: (T) TX

Standard order:\*

CHLOR

Description:\*

CHLORHEXIDINE

Order code:\*

TX

Admitting order:  Yes  No

Auto-build:  Yes  No

Active:  Yes  No

Order Name:

CHLORHEXIDINE GLUCONATE

NDC Number:

51552-0078-02

Generic Name:

Chlorhexidine Gluconate

Amount:

Route of Admin:

TP TOPICALLY

Time Code:

AMPM DAY AND PM SHIFT

Diagnoses:

CHARTING OPTIONS

Time values

Descriptive Text

Frequency Options

Descriptive text group:

FILL OPTIONS

Fill

Do not fill

ORDER TEXT

BUILD ORDER

BATHE/SHOWER WITH CHLORHEXIDINE ON ADMISSION AND DAY AFTER ADMISSION, AND THEN PER ROUTINE CYCLE FOR ALL BATHING/SHOWERING NEEDS UNLESS ALLERGIC

SAVE

DONE

CANCEL

Add another order