

ANTI-HYPERTENSIVE SS		ROOM NO.
ALLERGIES (list reactions):		HT _____(Cm) WT _____(Kg)
A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.		
MEDICATIONS		
Physician to select <u>ONE</u> drug only		
<input type="checkbox"/> CloNIDine 0.1 mg Po Q 8 Hrs Prn SBP > 175 or DBP > 95.		
<input type="checkbox"/> Enalaprilat (Vasotec IV) 0.625 mg IV Push Q 6 Hrs Prn SBP > 175 or DBP > 95.		
<input type="checkbox"/> LaBETalol 10 mg IV Push over 2 mins Q 3 Hrs Prn SBP > 175 or DBP > 95. Pt to lie flat at least 3 Hrs after administration. Monitor VS Q 5 mins x 3, then Q 1 Hr x 3 Hrs.		