Sanilac County Community Mental Health Authority

Standing Missed Medication Orders

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| **Name:** | **Case #:** | **Prescribing Physician’s Name:** |
| MEDICATION | **PROCEDURE TO USE WHEN MEDICATION IS MISSED\*** |
|  | a. | Call for directions immediately. (Prescribing physician or Local ER or CMH Nurse) |
| b. | Give up to \_\_\_\_\_ hours late, after that time, call for directions.(Prescribing physician or Local ER or CMH Nurse) |
| c.d. | Give up to \_\_\_ hours late. After that time, omit missed med and resume med at next scheduled dose.Omit missed dose – resume medication at next scheduled dose. |
| e. | Omit dose – notify physician during next scheduled office hours. |
| f. | Other: |
|  | a. | Call for directions immediately. (Prescribing physician or Local ER or CMH Nurse) |
| b. | Give up to \_\_\_\_\_ hours late, after that time, call for directions.(Prescribing physician or Local ER or CMH Nurse) |
| c.d. | Give up to \_\_\_ hours late. After that time, omit missed med and resume med at next scheduled dose.Omit missed dose – resume medication at next scheduled dose. |
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| e. | Omit dose – notify physician during next scheduled office hours. |
| f. | Other: |
| **Physician’s Signature Date** |
| \* These orders expire one year from date of physician’s signature AFTER FOLLOWING THE ABOVE ORDERS, AN INCIDENT REPORT MUST BE FILED |
| Quick Reference |
| **Physician telephone number:** |  |
| **CMH Nurse telephone number:** |  |
| **Local ER telephone number:** |  |