Sanilac County Community Mental Health Authority

Standing Missed Medication Orders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) | | |
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| 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: | | |
| **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:** | | |  | |