ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS **(EXCLUDING IV Fluids and MEDICATIONS) GENERAL ALLERGY: ADMITTING PHYSICIAN** INTRAVENOUS FLUIDS 0.9% NaCl at \_\_\_\_\_ mL/hour Date: \_\_\_\_\_ Time: \_\_\_\_\_ □ 0.45% NaCl at \_\_\_\_\_ mL/hour **ADMIT TO:** □ ICU □ STEP DOWN OTHER: Fluid type: \_\_\_\_\_ at \_\_\_\_ ml/hr ☐ TELEMETRY ■ Saline Lock **CONDITION:** □ Stable □ Guarded □ Critical **MEDICATION ORDERS Code/Resuscitation Status Diuretics** ☐ Full Code ☐ DNI/DNR ☐ Furosemide (Lasix) \_\_mg IV / PO q\_H ☐ Bumetanide (Bumex) \_ mg IV / PO q\_H ALLERGIES: □NKDA □ ☐ Metolazone mg PO q H ☐ Spironolactone \_\_mg PO q\_H WEIGHT: kg ☐ Hydrochlorothiazide mg PO q H □ Other \_\_\_\_\_ SEE INTERNAL MEDICINE ADMISSION ORDER SET FOR ADDITIONAL ORDERS Vasodilators ☐ Nitroglycerin 0.4mg SL q5min for chest pain x3 **NURSING ORDERS** doses only; if persistent chest pain call MD **Precautions** ☐ Isosorbide dinitrate (Isordil) \_\_mg PO ■ Aspiration  $\Box$  TID  $\Box$  4x day ☐ Isosorbide mononitrate (Imdur) \_\_mg PO daily ☐ Fall ☐ Hydralzine \_\_mg PO / IV q\_\_H ■ Seizure PRN SBP > \_\_\_\_\_ and HR > \_\_\_\_\_ ■ Bleeding ☐ Call neurologist if any changes in neurologic status **Beta-Blockers** Hold for SBP < \_\_\_\_ or HR < \_\_\_ ☐ Vital Signs q4Hrs ☐ Carvedilol (*Coreg*) \_\_\_\_\_ mg **PO** BID □ Neurochecks q \_\_\_\_\_ H ☐ Metoprolol tartrate (*Lopressor*) \_\_\_\_\_ mg **PO** BID ☐ Head of Bed 30 degrees ☐ Metoprolol succinate (*Toprol*) \_\_\_\_\_ mg **PO** daily ☐ Strict I/Os Other: \_\_\_\_\_ ■ Daily weights ☐ Cardiac monitoring **ACE-inhibitors** Hold for SBP <  $\square$  Titrate  $O_2$  therapy to keep  $O_2$  sat  $\geq$  % Lisinopril (Zestril) \_\_\_\_\_ mg PO daily (see mechanical ventilator order set if intubated) ☐ Captopril (Capoten) \_\_\_\_\_ mg PO ☐ BID ☐ TID ☐ Insert foley per protocol, then reassess daily ☐ Enalapril (Vasotec) \_\_\_\_\_ mg PO ☐ daily ☐ BID ☐ SCDs for DVT Prophylaxis ☐ Other: \_\_\_\_\_ ☐ TED HOSE STOCKINGS Prophylaxis ☐ Range of motion all limbs ☐ q8H ☐ TID **Angiotensin Receptor Blockers (ARB)** Other: \_\_\_\_\_ Hold for SBP < \_\_\_\_\_

|   |   |         | Losartan (    | Cozaar)     | mg <b>PO</b> daily |  |
|---|---|---------|---------------|-------------|--------------------|--|
| / | Summary/Blanket orders are unacceptable.                        | DO NO   | Γ USE:        | Physician's |                    |  |
|   | Medication orders must be complete.                             | U       | MS            | Initial     |                    |  |
| / | PRN medication orders must include an indication.               | IU      | $MSO_4$       |             |                    |  |
|   | Write legibly.  | Q.D.    | $MgSO_4$      |             |                    |  |
|   | Rewrite orders upon transfer and/or post-operatively.           | Q.O.D.  | Trailing zero |             |                    |  |
| / | Date, time, and sign verbal & telephone orders within 48 hours. | Lack of | leading zero  |             | PATIE              |  |

PATIENT ID LABEL

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| PHYSICIAN'S ORDER  |                                       | INTRAVENOUS FLUID and MEDICATION ORDERS           |   |                           |  |  |
|--|---------------------------------------|---|---|---------------------------|--|--|
| (EXCLUDING IV Fluids and MEDICATIONS)  | )                                     | INTRAVENOUS FEUID and MEDICATION ORDERS           |   |                           |  |  |
| LINES, DRAINS, AIRWAYS   |                                       | ALLERGY:  |   |                           |  |  |
| ☐ Insert and maintain foley catheter   | _                                     |   |   |                           |  |  |
| ☐ Insert and maintain nasogastric tube   | NE.                                   |   |   |                           |  |  |
| ☐ Insert and maintain orogastric tube  | SS C                                  |   |   |                           |  |  |
| ☐ Maintain peripheral IV line/access   | IVF and MEDICATION ORDERS ONLY        | (Cont. An   | giotensin Rece  | ptor Blockers)            |  |  |
|  | O NC                                  |   | Diovan)   |                           |  |  |
| COMMUNICATION ORDERS   |                                       | Other:  |   |                           |  |  |
| Notify Provider Vital Signs  | DIC                                   |   |   |                           |  |  |
| Temperature greater than 100.4 F   | d Mi                                  | Statins   |   |                           |  |  |
| □ SBP □ >160 □ SBP <90 □ DBP >110  | Fan                                   |   | n (Lipitor)   | mg <b>PO</b> daily        |  |  |
| □ RR>24 □ RR<8   | 2                                     | Prayastatin                                       | (Prayachol)   | mg <b>PO</b> daily        |  |  |
| O2 saturation <90%   | _                                     | Other:  | (Travacnoi)_  | ing 1 O dairy             |  |  |
| $\square$ HR >120 $\square$ HR<50  | IVF and MEDICATION ORDERS ONLY        | Oulci.  |   |                           |  |  |
| ☐ UOP < 200mL per shift  | RS C                                  | DI COD CI II                                      | COCE MANA   | CEMENT                    |  |  |
| OTHER:   | RDE                                   |   | COSE MANA   |                           |  |  |
|  | N N                                   |   | yperglycemia i  | Protocol)                 |  |  |
| <b>CONSULTATIONS</b> (check all that apply):   | ) I                                   | Accucheck   |   |                           |  |  |
| Consult  | DIC                                   | Accuchecks AC + HS                                |   |                           |  |  |
| Consult Indication:  |                                       |   | Low Dose Insulin Sliding Scale  Medium Dose Insulin Sliding Scale                     |                           |  |  |
| Consult  | and                                   |   |   |                           |  |  |
| Indication:  | Z                                     |   | High Dose Insulin Sliding Scale Insulin Sliding Scale per physician (separate orders) |                           |  |  |
| □ Consult  |                                       |   |   |                           |  |  |
| Indication:  | NE.                                   | Manage hy   | poglycemia per  | Hypoglycemia Protocol     |  |  |
| ☐ Consult Social Work  | I I I I I I I I I I I I I I I I I I I | Other:  |   |                           |  |  |
| Indication:  | RDE                                   |   |   |                           |  |  |
| Consult Phys. Therapy  |                                       | STRESS ULC  |   |                           |  |  |
| Indication:  |                                       |   | ole (Protonix) 4  |                           |  |  |
| Consult Occup. Therapy   |                                       |   |   | 0mg <b>IV</b> push q24H   |  |  |
| Indication:  | IME                                   |   |   | g <b>PO/OGT/NGT</b> BID   |  |  |
| Consult Speech Therapy   | - Lanc                                |   |   | mg <b>PO/OGT/NGT</b> q24H |  |  |
| Indication:  | 2                                     | OTHER: _  |   |                           |  |  |
| Consult Dietary  |                                       |   |   |                           |  |  |
| Indication:  |                                       | <u>VTE PROPH</u>                                  | YLAXIS _  | _                         |  |  |
| Consult Pharmacy   |                                       | Enoxaparii  | ☐ Enoxaparin 40mg SQ ☐ daily ☐ q12H ☐ Heparin 5000units SQ ☐ q8H ☐ q12H               |                           |  |  |
| Indication:  |                                       | Heparin 50  | 000units $\mathbf{SQ} \square$  | q8H <b>□</b> q12H         |  |  |
| OTHER:   |                                       | ☐ Bilateral lo                                    | wer extremities   | s SCDs                    |  |  |
| OTHER:   | IVF and MEDICATION ORD                |   | to bilateral low  |                           |  |  |
| LABORATORY   |                                       | □ Other:  |   |                           |  |  |
| ADMISSION LABS – STAT if not done in E.D.  | d Mi                                  |   |   |                           |  |  |
| Complete Blood Count (CBC) with diff   | F an                                  | VTE Prophylaxis: If not ordered, document reason: |   |                           |  |  |
| Basic Metabolic Panel (Chem7)  | 2                                     | □ VTE proph                                       | ☐ VTE prophylaxis contraindicated due to the  |                           |  |  |
| Complete Metabolic Panel (Chem20)  |                                       | following:  |   |                           |  |  |
| Calcium  |                                       |   |   |                           |  |  |
|  |                                       |   |   |                           |  |  |
|  |                                       |   |   | 1                         |  |  |
| <ul> <li>✓ Summary/Blanket orders are unacceptable.</li> <li>✓ Medication orders must be complete.</li> </ul>  | DO NO                                 |   | Physician's<br>Initial  |                           |  |  |
| ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication.  | U<br>IU                               | ${f MS} {f MSO_4}$                                | initiai   |                           |  |  |
| ✓ Write legibly.   | Q.D.                                  | $MgSO_4$  |   |                           |  |  |
| <ul> <li>✓ Rewrite orders upon transfer and/or post-operatively.</li> <li>✓ Date, time, and sign verbal &amp; telephone orders within 48 hours.</li> </ul> | Q.O.D.                                | Trailing zero                                     |   | DATE DATE DE LA DET       |  |  |
| • Date, time, and sign verbal & telephone orders within 48 hours.  | Lack of                               | leading zero                                      |   | PATIENT ID LABEL          |  |  |

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ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) (Cont. Laboratory) **ALLERGY:** Phosphorus ☐ Liver function tests ■ BNP ☐ Lipid panel ☐ Erythrocyte Sedimentation Rate (ESR) Physician: ☐ Toxicology Screen ☐ Hemoglobin A1c Date: \_\_\_\_\_ Time: \_\_\_\_  $\square$  TSH  $\square$  T4 ☐ Coags: PTT / PT / INR ■ ABO Rh Type ☐ Urinalysis Screen with Reflex to Culture IVF and MEDICATION ORDERS ONLY ☐ Troponins q6H x3 with EKG □ Other: \_\_\_\_\_ **DIETARY** □ Sodium restriction \_\_\_\_\_ ☐ Fluid restriction \_\_\_\_\_ **IMAGING** □ STAT CXR ■ STAT 12 lead EKG ☐ STAT CT head ☐ without contrast ☐ with contrast Other: \_\_\_\_\_ **Date:** \_\_\_\_\_\_ AM LABS (labs will require daily renewal) ☐ CBC With Auto Differential ☐ Basic Metabolic Panel (Chem7) ☐ Complete Metabolic Panel (Chem20) ☐ Coags: PT / APTT / INR ☐ Calcium VF and MEDICATION ORDERS ONLY Magnesium Phosphorus ☐ Liver function tests ☐ Troponins Other: <u>DIAGNOSTIC STUDIES</u> Date: \_\_\_\_\_ ☐ Repeat CT head ☐ without contrast ☐ with contrast ☐ CTA head, date: \_\_\_\_ ☐ MRI ☐ without contrast ☐ with contrast ☐ Carotid Duplex, Bilateral DO NOT USE: Summary/Blanket orders are unacceptable. Medication orders must be complete. U MS PRN medication orders must include an indication.  $MSO_4$ IU Write legibly. O.D.  $MgSO_4$ Rewrite orders upon transfer and/or post-operatively. Q.O.D. Trailing zero Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero PATIENT ID LABEL

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