

<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p><u>GENERAL</u></p> <hr/> <p>ADMITTING PHYSICIAN:</p> <p>ADMIT TO:</p> <p><input type="checkbox"/> STEP DOWN</p> <p><input type="checkbox"/> TELE</p> <p><input type="checkbox"/> MEDSURG</p> <p><input type="checkbox"/> SURGICAL</p> <hr/> <p>DIAGNOSIS:</p> <p><u>Code/Resuscitation Status</u></p> <p><input type="checkbox"/> Full Code</p> <p><input type="checkbox"/> DNI/DNR</p> <p>ALLERGIES: <input type="checkbox"/> NKDA <input type="checkbox"/> _____</p> <p>WEIGHT: _____ kg</p> <p><u>Standard Precautions</u></p> <p>Indication: _____</p> <p><input type="checkbox"/> Contact</p> <p><input type="checkbox"/> Special Contact</p> <p><input type="checkbox"/> Airborne</p> <p><input type="checkbox"/> Droplet</p> <p><input type="checkbox"/> Neutropenic</p> <p><input type="checkbox"/> OTHER: _____</p> <p>RESTRAINT USE (see separate order sheet)</p> <p><u>CAPILLARY BLOOD GLUCOSE</u></p> <p><input type="checkbox"/> CBG q AC and HS</p> <p><input type="checkbox"/> CBG q4H</p> <p><input type="checkbox"/> CBG q6H</p> <p><input type="checkbox"/> OTHER: _____</p> <p><u>ACTIVITY</u></p> <p><input type="checkbox"/> Bed rest</p> <p><input type="checkbox"/> Up ad Lib</p> <p><input type="checkbox"/> Up to chair</p> <p><input type="checkbox"/> Ambulate</p> <p><input type="checkbox"/> HOB 45 degrees</p> <p>OTHER: _____</p>	<p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p>	<p style="text-align: center;">INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY:</p> <hr/> <p>CONTINUOUS INFUSIONS</p> <p><input type="checkbox"/> 0.9% NaCl at _____ mL/hour</p> <p><input type="checkbox"/> 0.45% NaCl at _____ mL/hour</p> <p><input type="checkbox"/> D5W at _____ mL/hour</p> <p><input type="checkbox"/> D5W-1/2NS at _____ mL/hour</p> <p><input type="checkbox"/> OTHER: Fluid type: _____ Rate: _____</p> <p><input type="checkbox"/> Saline Lock</p> <p>MEDICATIONS</p> <p><u>Anticoagulants/antiplatelets</u></p> <p><input type="checkbox"/> Fibrinolytics (see fibrinolytics checklist)</p> <p><input type="checkbox"/> Heparin drip (see heparin protocol)</p> <p><input type="checkbox"/> Enoxaparin (Lovenox) ____mg SQ q ____H</p> <p><input type="checkbox"/> Aspirin 325 mg PO x1 now (if not already given)</p> <p><input type="checkbox"/> Aspirin EC 81 mg PO daily (start day after full dose aspirin)</p> <p><input type="checkbox"/> Clopidogrel (<i>Plavix</i>) 300 mg PO x1 now (if not already given)</p> <p><input type="checkbox"/> Clopidogrel (<i>Plavix</i>) 75 mg PO daily (start day after Plavix load)</p> <p><u>Anti-Hypertensives for acute blood pressure control</u></p> <p><input type="checkbox"/> Labetalol 10mg IV push q ____H PRN SBP > _____ and/or HR > _____</p> <p><input type="checkbox"/> Metoprolol 5mg IV push q ____H PRN SBP > _____ and/or HR > _____</p> <p><input type="checkbox"/> Hydralazine 10mg IV push q ____H PRN SBP > _____ and/or HR < _____</p> <p><u>Antiarrhythmics</u></p> <p><input type="checkbox"/> Amiodarone 150mg IVPB STAT</p> <p><input type="checkbox"/> Amiodarone drip per protocol</p> <p><input type="checkbox"/> Amiodarone ____PO <input type="checkbox"/> BID <input type="checkbox"/> TID</p> <p><input type="checkbox"/> Diltiazem drip</p> <p><input type="checkbox"/> Digoxin _____ mg PO/IV daily</p> <p><u>Beta-Blockers</u></p> <p>Hold for SBP < _____ or HR < _____</p> <p><input type="checkbox"/> Carvedilol (<i>Coreg</i>) _____ mg PO BID</p> <p><input type="checkbox"/> Metoprolol tartrate (<i>Lopressor</i>) _____ mg PO BID</p> <p><input type="checkbox"/> Other: _____</p>
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<ul style="list-style-type: none"> ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	<p>DO NOT USE:</p> <p>U MS</p> <p>IU MSO₄</p> <p>Q.D. MgSO₄</p> <p>Q.O.D. Trailing zero</p> <p>Lack of leading zero</p>	<p>Physician's Initial</p>	
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PATIENT ID LABEL

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p>NUTRITION/DIET</p> <input type="checkbox"/> Speech consult for swallow evaluation <input type="checkbox"/> Regular <input type="checkbox"/> Soft / Mechanical Chopped/Ground <input type="checkbox"/> Liquids (clear / full) <input type="checkbox"/> Cardiac diet <input type="checkbox"/> Renal diet <input type="checkbox"/> Tube feeds _____ GOAL RATE: _____ ml/hr <input type="checkbox"/> TPN / PPN per pharmacy (pharmacy consult) <input type="checkbox"/> STRICT NPO <input type="checkbox"/> NPO except medications <input type="checkbox"/> DIETITIAN CONSULT <input type="checkbox"/> OTHER: _____	IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <p>ACE-inhibitors Hold for SBP < _____ <input type="checkbox"/> Lisinopril (<i>Zestril</i>) _____ mg PO daily <input type="checkbox"/> Captopril (<i>Capoten</i>) _____ mg PO <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> Enalapril (<i>Vasotec</i>) _____ mg PO <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Other: _____</p> <p>Angiotensin Receptor Blockers (ARB) Hold for SBP < _____ <input type="checkbox"/> Losartan (<i>Cozaar</i>) _____ mg PO daily <input type="checkbox"/> Valsartan (<i>Diovan</i>) _____ mg PO daily <input type="checkbox"/> Other: _____</p> <p>Statins <input type="checkbox"/> Atorvastatin (<i>Lipitor</i>) _____ mg PO daily <input type="checkbox"/> Pravastatin (<i>Pravachol</i>) _____ mg PO daily <input type="checkbox"/> Other: _____</p> <p>Anxiolytics – PRN orders (requires indication) <input type="checkbox"/> Lorazepam (<i>Ativan</i>) _____ mg IV / PO q_____ H(s) PRN indication: _____ <input type="checkbox"/> Midazolam (<i>Versed</i>) _____ mg IV q_____ H(s) PRN indication: _____</p> <p>Analgesia – PRN orders (requires indication) (duplicate pain medication orders are prohibited) <input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) 650mg PO / PR q_____ H PRN pain greater than ____/10 <input type="checkbox"/> Hydrocodone/Acetaminophen (<i>Norco</i>) 5-325mg PO q_____ H PRN pain greater than ____/10 <input type="checkbox"/> Oxycodone/Acetaminophen (<i>Percocet</i>) 5-325mg PO q_____ H PRN pain greater than ____/10 <input type="checkbox"/> Morphine _____ mg IV q_____ hour PRN pain greater than ____/10 <input type="checkbox"/> Other: _____ PRN pain greater than ____/10</p> <p>Anti-pyretics <input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) 650mg PO / PR q4H PRN fever</p>
<p>PATIENT CARE</p> <input type="checkbox"/> Daily weight <input type="checkbox"/> Vital Signs q4Hrs <input type="checkbox"/> Strict Intake and Output (Strict I&O) <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> Titrate O ₂ therapy to keep O ₂ sat ≥ _____ % <input type="checkbox"/> Aspiration Precautions <input type="checkbox"/> SCDs for DVT Prophylaxis <input type="checkbox"/> TED HOSE STOCKINGS Prophylaxis <input type="checkbox"/> Incentive Spirometry q_____ H while awake <input type="checkbox"/> Neuro checks q_____ H <input type="checkbox"/> Neurovascular checks q_____ H <p>LINES, DRAINS, AIRWAYS</p> <input type="checkbox"/> Insert and maintain foley catheter <input type="checkbox"/> Insert and maintain nasogastric tube <input type="checkbox"/> Insert and maintain orogastric tube <input type="checkbox"/> Maintain peripheral IV line/access <p>COMMUNICATION ORDERS Notify Provider Vital Signs <input type="checkbox"/> Temperature greater than 100.4 F <input type="checkbox"/> SBP <input type="checkbox"/> >160 <input type="checkbox"/> SBP <90 <input type="checkbox"/> O2 saturation <90% <input type="checkbox"/> HR >120 <input type="checkbox"/> HR <60 <input type="checkbox"/> Urine Output <0.5 mL/kg/hr in 2 hours <input type="checkbox"/> OTHER: _____</p>	IVF and MEDICATION ORDERS ONLY	
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PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS	
<p style="text-align: center;">CONSULTATIONS (check all that apply):</p> <p><input type="checkbox"/> Consult _____ Indication: _____</p> <p><input type="checkbox"/> Consult _____ Indication: _____</p> <p><input type="checkbox"/> Consult _____ Indication: _____</p> <p><input type="checkbox"/> Consult Social Work Indication: _____</p> <p><input type="checkbox"/> Consult Phys. Therapy Indication: _____</p> <p><input type="checkbox"/> Consult Occup. Therapy Indication: _____</p> <p><input type="checkbox"/> Consult Speech Therapy Indication: _____</p> <p><input type="checkbox"/> Consult Dietary Indication: _____</p> <p><input type="checkbox"/> Consult Pharmacy Indication: _____</p> <p>OTHER: _____</p> <p style="text-align: center;">LABORATORY</p> <p>ADMISSION LABS – STAT if not done in E.D.</p> <p><input type="checkbox"/> Complete Blood Count (CBC) with diff</p> <p><input type="checkbox"/> Chem7</p> <p><input type="checkbox"/> Chem20</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> BNP</p> <p><input type="checkbox"/> TSH <input type="checkbox"/> T4</p> <p><input type="checkbox"/> Prothrombin Time (PT) / INR</p> <p><input type="checkbox"/> Partial Thromboplastin Time (APTT)</p> <p><input type="checkbox"/> ABO Rh Type</p> <p><input type="checkbox"/> Urinalysis Screen with Reflex to Culture</p> <p><input type="checkbox"/> Troponins Q6H x3 with EKG</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;">CULTURES</p> <p><input type="checkbox"/> Blood Cultures x 2 (peripheral draw)</p> <p><input type="checkbox"/> Urine Culture</p> <p><input type="checkbox"/> Sputum Culture</p>	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p style="color: red;">ALLERGY:</p> <p>(Cont. Anti-pyretics)</p> <p><input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) 1gm PO q6H PRN for fever</p> <p><input type="checkbox"/> Ibuprofen 400 mg PO q8H PRN fever</p> <p>Anti-emetics</p> <p><input type="checkbox"/> Metoclopramide (<i>Reglan</i>) 10mg PO / IV q6H PRN nausea/vomiting</p> <p><input type="checkbox"/> Promethazine (<i>Phenergan</i>) 25mg IM q6H PRN nausea/vomiting</p> <p><input type="checkbox"/> Ondansetron (<i>Zofran</i>) 4mg PO / IV q6H PRN nausea/vomiting</p> <p>RESPIRATORY (non-ventilated patients) (Check all that apply):</p> <p><input type="checkbox"/> Albuterol 0.083% 2.5mg q ___ H INH nebulizer <input type="checkbox"/> ATC or PRN SOB / wheezing</p> <p><input type="checkbox"/> Ipratropium 0.02% 0.5mg q ___ H INH nebulizer <input type="checkbox"/> ATC or PRN SOB / wheezing</p> <p>BOWEL CARE</p> <p><input type="checkbox"/> Senna (<i>Senna</i>) 8.6mg PO/OGT/NGT BID</p> <p><input type="checkbox"/> Docusate (<i>Colace</i>) 50mg PO/OGT/NGT BID (Hold for loose stools)</p> <p><input type="checkbox"/> Bisacodyl (<i>Dulcolax</i>) 10mg PO/OGT/NGT daily PRN constipation</p> <p><input type="checkbox"/> Bisacodyl (<i>Dulcolax</i>) 10mg suppository PR daily PRN constipation</p> <p><input type="checkbox"/> Polyethylene glycol 3350 (<i>Miralax</i>) 17g 1 packet PO/OGT/NGT daily PRN constipation</p> <p><input type="checkbox"/> Magnesium hydroxide (<i>Milk of Magnesia</i>) 30mL PO/OGT/NGT q6H PRN constipation</p> <p><input type="checkbox"/> Lactulose 30mL PO/OGT/NGT twice daily PRN constipation</p> <p><input type="checkbox"/> Sodium bisphosphate-sodium phosphate (<i>Fleet Enema</i>) 133mL PR daily PRN constipation</p> <p><input type="checkbox"/> Tap Water Enema PR daily PRN constipation (alternative to fleet enema in ESRD)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Ensure adequate fluid intake</p>	
<ul style="list-style-type: none"> ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	<p>DO NOT USE:</p> <p>U MS</p> <p>IU MSO₄</p> <p>Q.D. MgSO₄</p> <p>Q.O.D. Trailing zero</p> <p>Lack of leading zero</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Physician's Initial</td> </tr> </table> <p style="text-align: right; margin-top: 20px;">PATIENT ID LABEL</p>	Physician's Initial
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<p style="text-align: center;"><u>IMAGING</u></p> <p><input type="checkbox"/> STAT CXR indication: _____</p> <p><input type="checkbox"/> STAT 12 Lead EKG indication: _____</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;"><u>AM LABS</u> Date: _____ (labs will require daily renewal)</p> <p><input type="checkbox"/> CBC With Auto Differential</p> <p><input type="checkbox"/> Chem7</p> <p><input type="checkbox"/> Chem20</p> <p><input type="checkbox"/> Coags: PT / APTT / INR</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Phosphorus</p> <p>Other: _____</p> <div style="border: 1px solid black; height: 150px; background-color: #cccccc; width: 100%;"></div>	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p style="color: red;">ALLERGY: _____</p> <p><u>BLOOD GLUCOSE MANAGEMENT</u> (see GMHA Hyperglycemia Protocol)</p> <p><input type="checkbox"/> Accuchecks q_____ H</p> <p><input type="checkbox"/> Accuchecks AC + HS</p> <p><input type="checkbox"/> Low Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> Medium Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> High Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> Insulin Sliding Scale per MD (separate orders)</p> <p><input type="checkbox"/> Manage hypoglycemia per Hypoglycemia Protocol</p> <p><input type="checkbox"/> Other: _____</p> <p><u>STRESS ULCER PROPHYLAXIS</u></p> <p><input type="checkbox"/> Pantoprazole (<i>Protonix</i>) 40mg PO q24H</p> <p><input type="checkbox"/> Pantoprazole (<i>Protonix</i>) 40mg IV push q24H</p> <p><input type="checkbox"/> Ranitidine (<i>Zantac</i>) 150mg PO/OGT/NGT BID</p> <p><input type="checkbox"/> Omeprazole (<i>Prilosec</i>) 20mg PO/OGT/NGT q24H</p> <p><input type="checkbox"/> OTHER: _____</p> <p><u>VTE PROPHYLAXIS (if full anticoagulation not ordered above)</u></p> <p><input type="checkbox"/> Enoxaparin 40mg SQ <input type="checkbox"/> daily <input type="checkbox"/> q12H</p> <p><input type="checkbox"/> Heparin 5000units SQ <input type="checkbox"/> q8H <input type="checkbox"/> q12H</p> <p><input type="checkbox"/> Bilateral lower extremities SCDs</p> <p><input type="checkbox"/> TED hose to bilateral lower extremities</p> <p><input type="checkbox"/> Other: _____</p> <p><u>VTE Prophylaxis: If not ordered, document reason:</u></p> <p><input type="checkbox"/> No VTE prophylaxis needed (pharmacological and mechanical)</p> <p><input type="checkbox"/> No mechanical prophylaxis due to:</p> <p style="margin-left: 20px;"><input type="checkbox"/> bilateral amputee</p> <p style="margin-left: 20px;"><input type="checkbox"/> bilateral lower extremity trauma</p> <p><input type="checkbox"/> No pharmacological prophylaxis due to:</p> <p style="margin-left: 20px;"><input type="checkbox"/> active bleeding <input type="checkbox"/> risk of bleeding</p> <p style="margin-left: 20px;"><input type="checkbox"/> thrombocytopenia</p> <p style="margin-left: 20px;"><input type="checkbox"/> duplicate anticoagulation:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Warfarin <input type="checkbox"/> Pradaxa <input type="checkbox"/> Eliquis</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other reason: _____</p> <p>Physician: _____</p> <p>Date: _____ Time: _____</p>										
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U	MS											
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