

ITEMS WITH BOXES/PARENTHESES 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.

<p align="center">PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>GENERAL</p> <hr/> <p>ADMITTING PHYSICIAN</p> <hr/> <p>ADMIT TO: <input type="checkbox"/> STEP DOWN <input type="checkbox"/> TELEMETRY <input type="checkbox"/> MEDSURG <input type="checkbox"/> SURGICAL</p> <hr/> <p>DIAGNOSIS CONDITION: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical Code/Resuscitation Status <input type="checkbox"/> Full Code <input type="checkbox"/> DNI/DNR ALLERGIES: <input type="checkbox"/> NKDA <input type="checkbox"/> _____</p> <p>WEIGHT: _____ kg</p> <p>Standard Precautions Indication: _____ <input type="checkbox"/> Contact <input type="checkbox"/> Special Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet <input type="checkbox"/> Neutropenic <input type="checkbox"/> OTHER: _____</p> <p><u>RESTRAINT USE (see separate order sheet)</u></p> <p><u>CAPILLARY BLOOD GLUCOSE</u> <input type="checkbox"/> CBG q AC and HS <input type="checkbox"/> CBG q4H <input type="checkbox"/> CBG q6H <input type="checkbox"/> OTHER: _____</p> <p><u>ACTIVITY</u> <input type="checkbox"/> Bed rest <input type="checkbox"/> Up ad Lib <input type="checkbox"/> Up to chair <input type="checkbox"/> Ambulate <input type="checkbox"/> HOB 45 degrees <input type="checkbox"/> Other: _____</p> <p><u>NUTRITION/DIET</u> <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)</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 IVF and MEDICATION ORDERS ONLY	<p align="center">INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY:</p> <hr/> <p>CONTINUOUS INFUSIONS <input type="checkbox"/> 0.9% NaCl at _____ mL/hour <input type="checkbox"/> 0.45% NaCl at _____ mL/hour <input type="checkbox"/> D5W at _____ mL/hour <input type="checkbox"/> D5W-1/2NS at _____ mL/hour <input type="checkbox"/> OTHER: Fluid type: _____ Rate: _____ <input type="checkbox"/> Saline Lock</p> <p><u>MEDICATIONS</u></p> <p><u>Anxiolytics – PRN orders (requires indication)</u> <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><u>Analgesia – PRN orders (non-intubated patients)</u> (duplicate pain medication orders are prohibited)</p> <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 _____ H PRN pain greater than ____/10 <input type="checkbox"/> Other: _____ PRN pain greater than ____ /10 <p><u>Anti-pyretics</u> <input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) 650mg PO / PR q4H PRN fever <input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) 1gm PO q6H PRN for fever <input type="checkbox"/> Ibuprofen 400 mg PO q8H PRN fever</p> <p><u>Anti-emetics</u> <input type="checkbox"/> Metoclopramide (<i>Reglan</i>) 10mg PO / IV q6H PRN nausea/vomiting <input type="checkbox"/> Promethazine (<i>Phenergan</i>) 25mg IM q6H PRN nausea/vomiting <input type="checkbox"/> Ondansetron (<i>Zofran</i>) 4mg PO / IV q6H PRN nausea/vomiting</p>
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<input checked="" type="checkbox"/> Summary/Blanket orders are unacceptable. <input checked="" type="checkbox"/> Medication orders must be complete. <input checked="" type="checkbox"/> PRN medication orders must include an indication. <input checked="" type="checkbox"/> Write legibly. <input checked="" type="checkbox"/> Rewrite orders upon transfer and/or post-operatively. <input checked="" type="checkbox"/> Date, time, and sign verbal & telephone orders within 48 hours.	DO NOT USE: U MS IU MSO ₄ Q.D. MgSO ₄ Q.O.D. Trailing zero Lack of leading zero	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Physician's Initial</td> </tr> </table>	Physician's Initial
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PATIENT ID LABEL

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p>(Cont. Nutrition/Diet)</p> <input type="checkbox"/> Cardiac diet <input type="checkbox"/> Renal diet <input type="checkbox"/> Tube feeds _____ GOAL RATE: _____ ml/hr <input type="checkbox"/> STRICT NPO <input type="checkbox"/> NPO except medications <input type="checkbox"/> DIETITIAN CONSULT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> _____	IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <hr/> <p>RESPIRATORY (non-ventilated patients) (Check all that apply):</p> <input type="checkbox"/> Albuterol 0.083% 2.5mg q ____H INH nebulizer <input type="checkbox"/> ATC or <input type="checkbox"/> PRN SOB / wheezing <input type="checkbox"/> Ipratropium 0.02% 0.5mg q ____H INH nebulizer <input type="checkbox"/> ATC or <input type="checkbox"/> PRN SOB / wheezing
<p><u>PATIENT CARE</u></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	IVF and MEDICATION ORDERS ONLY	<p><u>BOWEL CARE</u></p> <input type="checkbox"/> Senna (<i>Senna</i>) 8.6mg PO/OGT/NGT BID <input type="checkbox"/> Docusate (<i>Colace</i>) 50mg PO/OGT/NGT BID (Hold for loose stools) <input type="checkbox"/> Bisacodyl (<i>Dulcolax</i>) 10mg PO/OGT/NGT daily PRN constipation <input type="checkbox"/> Bisacodyl (<i>Dulcolax</i>) 10mg suppository PR daily PRN constipation <input type="checkbox"/> Polyethylene glycol 3350 (<i>Miralax</i>) 17g 1 packet PO/OGT/NGT daily PRN constipation <input type="checkbox"/> Magnesium hydroxide (<i>Milk of Magnesia</i>) 30mL PO/OGT/NGT q6H PRN constipation <input type="checkbox"/> Lactulose 30mL PO/OGT/NGT twice daily PRN constipation <input type="checkbox"/> Sodium bisphosphate-sodium phosphate (<i>Fleet Enema</i>) 133mL PR daily PRN constipation <input type="checkbox"/> Tap Water Enema PR daily PRN constipation (alternative to fleet enema in ESRD) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ensure adequate fluid intake
<p><u>LINES, DRAINS, AIRWAYS</u></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 <input type="checkbox"/> _____	IVF and MEDICATION ORDERS ONLY	<p><u>BLOOD GLUCOSE MANAGEMENT</u> (see GMHA Hyperglycemia Protocol)</p> <input type="checkbox"/> Accuchecks every _____ hours <input type="checkbox"/> Accuchecks AC + HS <input type="checkbox"/> Low Dose Insulin Sliding Scale <input type="checkbox"/> Medium Dose Insulin Sliding Scale <input type="checkbox"/> High Dose Insulin Sliding Scale <input type="checkbox"/> Insulin Sliding Scale per MD (separate orders) <input type="checkbox"/> Manage hypoglycemia per Hypoglycemia Protocol <input type="checkbox"/> Other: _____
<p><u>COMMUNICATION ORDERS</u></p> <p>Notify Provider Vital Signs</p> <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"/> O ₂ 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: _____	IVF and MEDICATION ORDERS ONLY	
<p><u>CONSULTATIONS (check all that apply):</u></p> <input type="checkbox"/> Consult _____ Indication: _____ <input type="checkbox"/> Consult _____ Indication: _____ <input type="checkbox"/> Consult _____ Indication: _____	IVF and MEDICATION ORDERS ONLY	

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U	MS
IU	MSO ₄
Q.D.	MgSO ₄
Q.O.D.	Trailing zero
Lack of leading zero	

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PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

(Cont. Consultations)

Consult Social Work
Indication: _____

Consult Phys. Therapy
Indication: _____

Consult Occup. Therapy
Indication: _____

Consult Speech Therapy
Indication: _____

Consult Dietary
Indication: _____

Consult Pharmacy
Indication: _____

OTHER: _____

LABORATORY

ADMISSION LABS – STAT if not done in E.D.

Complete Blood Count (CBC) with diff
 Basic Metabolic Panel (Chem7)
 Complete Metabolic Panel (Chem20)
 Calcium
 Magnesium
 Phosphorus
 BNP
 Lipid panel
 Toxicology Screen
 Hemoglobin A1c
 TSH T4
 Prothrombin Time (PT) / INR
 Partial Thromboplastin Time (APTT)
 ABO Rh Type
 Urinalysis Screen with Reflex to Culture
 Troponins q6H x3 with EKG
 Other: _____

Cultures

Blood Cultures x 2 (peripheral draw)
 Urine Culture
 Sputum Culture

IMAGING

STAT CXR indication: _____
 STAT 12Lead EKG indication: _____
 CT head without / with contrast
indication: _____
 Other: _____

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY: _____

STRESS ULCER PROPHYLAXIS

Pantoprazole (*Protonix*) 40mg PO q24H
 Pantoprazole (*Protonix*) 40mg IV push q24H
 Ranitidine (*Zantac*) 150mg PO/OGT/NGT BID
 Omeprazole (*Prilosec*) 20mg PO/OGT/NGT q24H
 OTHER: _____

VTE PROPHYLAXIS

Enoxaparin 40mg SQ daily q12H
 Heparin 5000units SQ q8H q12H
 Bilateral lower extremities SCDs
 TED hose to bilateral lower extremities
 Other: _____

VTE Prophylaxis: If not ordered, document reason:

No VTE prophylaxis needed (pharmacological and mechanical)
 No mechanical prophylaxis due to:
 bilateral amputee
 bilateral lower extremity trauma
 No pharmacological prophylaxis due to:
 active bleeding risk of bleeding
 thrombocytopenia
 duplicate anticoagulation:
 Warfarin Pradaxa Eliquis
 Other reason: _____

Physician: _____

Date: _____ **Time:** _____

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<p>AM LABS Date: _____</p> <p>(labs will require daily renewal)</p> <p><input type="checkbox"/> CBC With Auto Differential</p> <p><input type="checkbox"/> Basic Metabolic Panel (Chem7)</p> <p><input type="checkbox"/> Complete Metabolic Panel (Chem20)</p> <p><input type="checkbox"/> Coags: PT / APTT / INR</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> Other: _____</p> <div style="background-color: #cccccc; height: 400px; width: 100%; position: relative;"> <!-- Grid lines for the order section --> </div>	IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <div style="background-color: #cccccc; height: 450px; width: 100%; position: relative;"> <!-- Grid lines for the order section --> </div>
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Internal Medicine Admission Orders