PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

DATE: _____ TIME:_____

Admit to:
( ) ICU
( ) PCU
( ) PICU
( ) PEDIATRICS WARD
( ) TELEMETRY WARD
( ) MEDICAL SURGICAL WARD
( ) SURGICAL WARD

Diagnosis:_____

Condition:_____

Code/Resuscitation Status:
( ) Full Code
( ) DNR
( ) DNI

Vitals:
( ) Q2H ( ) Q4H
( ) Q6H ( ) Q8H

Nursing:
( ) Daily weight
( ) Strict intake and output
( ) Oxygen therapy
( ) Titrate O2 therapy to keep O2 sat >____%
( ) Incentive Spirometry q ____ while awake
( ) Neurological checks q ____
( ) Neurovascular checks q ____

Activity:
( ) Bedrest
( ) Up ad Lib
( ) Up to chair
( ) Ambulate in hallway
( ) HOB 45 degrees
( ) Turn patient every 2 hrs.
( ) Others: _____

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Intravenous Fluid:
( ) 1000ml Lactated Ringer's at _____ml/hr

( ) 1000ml 0.9% Normal Saline at _____ml/hr

( ) 1000ml 0.45% Normal Saline at _____ml/hr

( ) 1000ml D5 Water at _____ml/hr

( ) 1000ml D5 1/2 Normal Saline at _____ml/hr

( ) Other:_____

Analgesia:
( ) Acetaminophen (Tylenol) 650mg P.O. every ____hrs PRN mild pain or for fever greater than:_____F

( ) Acetaminophen (Tylenol) 650mg P.R. every ____hrs PRN mild pain or for fever greater than:_____F

( ) Ibuprofen (Motrin) 400mg P.O. every ____hrs PRN mild pain or for fever greater than:_____F

( ) Acetaminophen/Codeine (Tylenol#3) 300/30mg P.O. every ____hrs PRN pain greater than ___/10

( ) Hydrocodone/Acetaminophen (Norco) 5-325mg P.O. every ____hrs PRN pain greater than ___/10

( ) Oxycodone/Acetaminophen (Percocet) 5-325mg P.O. every ____hrs PRN pain greater than ___/10

( ) Ketorolac (Toradol) 30mg ml I.V. every___hrs PRN pain greater than ___/10

( ) Fentanyl Patch _____mcg T.D. every_____hrs PRN pain greater than ____/10

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- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
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DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Physician Initial

SURGERY ADMISSION ORDER

PATIENT ID LABEL

Guam Memorial Hospital Authority

PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Diet/Nutrition:
( ) Regular
( ) Soft/Mechanical Chopped/Ground
( ) Clear Liquid
( ) Full Liquid
( ) Diabetic diet _____ kcal
( ) Renal diet
( ) NPO
( ) NPO except medications
( ) NPO except medication and ice chips
( ) NPO except meds, ice chips and sips of liquid
( ) Tube feeding:_____ Goal rate:_____ml/hr
( ) Speech consult for swallow evaluation
( ) Dietitian consult
( ) Other:_____

Standard Precautions:
( ) Contact
( ) Special Contact
( ) Airborne
( ) Droplet
( ) Neutropenic
( ) Aspiration
( ) Other:_____

Blood Glucose Monitoring:
( ) AC & HS
( ) Q4H
( ) Q6H
( ) Every shift
( ) Other:_____

Cultures:
( ) Urine culture and sensitivity
( ) Blood culture x2 (peripheral draw)
( ) Sputum culture
( ) Stool culture
( ) Wound culture
( ) Other:_____

Dressing change:
( ) 4x4
( ) Abdpad
( ) Wet to dry Kerlix and 0.9%NSS
( ) Wet to dry Kerlix and Water
( ) Wet to dry Kerlix and Dakin's Solution
( ) Xeroform
( ) Iodofrom
( ) Other:_____

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Analgesia cont:
( ) Morphine ____mg I.V. every ____hrs PRN pain greater than ___/10

( ) Morphine sulfate tablet ___mg P.O. every____hrs PRN pain greater than ___/10

( ) Morphine oral solution ___mg P.O. every____hrs PRN pain greater than ___/10

( ) Hydromorphone ____mg I.V. every ____hrs PRN pain greater than ___/10

( ) Demerol ____mg I.V. every ____hrs PRN pain greater than ___/10

( ) Other:_____

Anxiolytics:
( ) Lorazepam (Ativan)_____mg I.V. every____hrs PRN:_____

( ) Lorazepam (Ativan)_____mg P.O. every____hrs PRN:_____

( ) Midazolam (Versed)_____mg I.V. every____hrs PRN:_____

( ) Other:_____

Antiemetics:
( ) Ondansetron (Zofran) 4mg I.V. every:_____hrs PRN nausea/vomiting

( ) Metoclopromide (Reglan) 10mg I.V. every:_____hrs PRN nausea/vomiting

( ) Promethazine (Zofran) ___mg I.V. or I.M. every:_____hrs PRN nausea/vomiting

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Physician's Initial

SURGERY ADMISSION ORDER

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PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Frequency for dressing change:
( ) Daily
( ) BID
( ) PRN
( ) Per Shift
( ) Other:_____

Additional instructions for dressing change:

( ) Other:_____

( ) Other:_____

Nursing communication orders:
( ) SBP more than ____ mmHg
( ) SBP less than ____ mmHg
( ) DBP more than ____ mmHg
( ) DBP less than ____ mmHg
( ) O2 saturation <90%
( ) HR > 120 bpm
( ) HR < 60 bpm
( ) Temperature greater than _____F
( ) Urine Output <0.5mL/kg/hr in 2 hours
( ) Other:_____

Lines, Drains, Airway:
( ) Insert and maintain foley to dependent drainage
( ) Insert and nasogastric tube to LIS
( ) Maintain on:_____
( ) Insert and maintain orogastric tube to LIS
( ) Maintain on:_____
( ) Maintain peripheral I.V. line/access
( ) I.V. access to saline Lock
( ) I.V. access to heparin Lock

Laboratory Service:
HEMATOLOGY:
Complete Blood Count with diff:(CBC)
( ) Stat ( ) Daily
( ) Q6H ( ) Q12H
( ) Other:_____
Hemogram:(Hgb/Hct)
( ) Stat ( ) Daily
( ) Q6H ( ) Q12H
( ) Other:_____

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Antibiotics:
( ) Amoxicillin:_____mg_____(route) every:_____
( ) Cefazolin:_____gm_____(route) every:_____
( ) Augmentin:_____mg_____(route) every:_____
( ) Bactrim D/S:_____mg_____(route) every:_____
( ) Cefoxitin:_____gm_____ (route) every:_____
( ) Ceftriaxone:_____gm_____(route) every:_____
( ) Clarithromycin:_____mg____(route) every:_____
( ) Clindamycin:_____mg_____(route) every:_____
( ) Doxycycline:____mg_____(route) every:_____
( ) Gentamicin:____mg_____(route) every:_____
( ) Cephalexin:_____mg_____(route) every:_____
( ) Levaquin:_____mg_____(route) every:_____
( ) Metronidazole:_____mg____(route) every:_____
( ) Vancomycin:_____gm_____(route) every:_____
( ) Vancomycin per Pharmacy dose
( ) Piperacillin and Tazobactam (Zosyn)_____gm _____(route) every:_____

( ) Other:_____

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PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

CHEMISTRY:

Basic Metabolic Panel (Chem7)
( ) Stat ( ) Daily
( ) Other:_____

Comprehensive Metabolic Panel(Chem 20)
( ) Stat ( ) Daily
( ) Other:_____

Magnesium
( ) Stat ( ) Daily
( ) Other:_____

Phosphorus
( ) Stat ( ) Daily
( ) Other:_____

Amylase & Lipase
( ) Stat ( ) Daily
( ) Other:_____

Lactic Acid
( ) Stat ( ) Daily
( ) Other:_____

LFT's
( ) Stat ( ) Daily
( ) Other:_____

Prothrombin Time (PT)/INR
( ) Stat ( ) Daily
( ) Q12H
( ) Other:_____

Partial thromboplastin Time (APPT)
( ) Stat ( ) Daily
( ) Q12H
( ) Other:_____

Cardiac Labs:
( ) Troponin Q6H
( ) 12 Lead EKG Q:_____

Cardiac Enzyme Panel:
(CPKMB, MBRI Creatinine Phosphokinase)
( ) Stat ( ) Daily
( ) Other:_____

IVF and MEDICATION ORDERS ONLY

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Bowel Care:

( ) Senna 8.6mg P.O./O.G.T./N.G.T. every:_____

( ) Senna 17.2mg P.O./O.G.T./N.G.T. every:_____

( ) Docusate (Colace) 100mg P.O./O.G.T./N.G.T. every:_____

( ) Bisacodyl (Dulcolax) 10mg P.O./O.G.T./N.G.T. every:_____

( ) Bisacodyl (Dulcolax) 10mg Suppository P.R. every:_____ PRN constipation

( ) Lactulose 30ml P.O./O.G.T./N.G.T every:_____ PRN constipation

( ) Polyethylene glycol 3350 (Miralax) 17g 1packet P.O./O.G.T./N.G.T Daily PRN constipation

( ) Magnesium Hydroxide (Milk of Magnesia) 30ml P.O./O.G.T./N.G.T every:_____ PRN constipation

( ) Sodium Biphospahate sodium phosphate (Fleet Enema) 133ml PR every:_____ PRN constipation

( ) Tap Water Enema PR every:_____ PRN constipation (alternative to fleet enema in ESRD)

( ) Other:_____

Topicals:
( ) Silvadene 1% Cream apply to wound/burn with dressing change

( ) Triple antibiotic ointment apply to wound with dressing change

( ) Other:_____

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Transfusion Service:

( ) ABO Rh Type and Screen
( ) Cross match per _____unit

( ) Transfuse PRBC_____unit

( ) Transfuse Platelets_____unit

( ) Transfuse FFP_____unit

( ) Other:_____

Radiology:

Chest X- Ray
Indication:_____
( ) AP ( ) PA
( ) LAT ( )Others:_____

Abdominal X-Ray
Indication:_____
( ) AP ( ) Oblique ( ) Complete
( ) Acute Abdominal Series
( ) Others:_____

Pelvis X-Ray
Indication:_____
( ) AP ( ) PA
( ) LAT ( )Others:_____

Extremity X-Ray

Indication:_____

Part:_____

View:_____

Others:_____

Ultrasound:

( ) Abdomen ( ) Pelvic
( ) Renal ( ) Breast
( ) Others:_____

IVF and MEDICATION ORDERS ONLY

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Vaccinations:

( ) Tetanus/Td 0.5ml I.M. x1

( ) Other:_____

Respiratory (non-ventilated patients)
(Check all that apply)

( ) Albuterol 0.083% 2.5mg every:___ INH nebulizer
( ) ATC or PRN SOB/Wheezing

( ) Ipratropium 0.02% 0.5mg every:___INH nebulizer
( ) ATC or PRN SOB/Wheezing

( ) Other:_____

Stress Ulcer Prophylaxis:

( ) Pantoprazole (Protonix) 40mg P.O. every:_____

( ) Pantoprazole (Protonix) 40mg I.V. every:_____

( ) Ranitidine (Zantac) 150mg P.O. every:_____

( ) Ranitidine (Zantac) 150mg P.O. per OGT/NGT every:_____

( ) Omeprazole (Prilosec) 20mg P.O. every:_____

( ) Other:_____

[redacted]

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PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	IVF and MEDICATION ORDERS ONLY	INTRAVENOUS FLUID and MEDICATION ORDERS
Doppler Ultrasound Indication:_____ Part:_____ Others:_____ ***Computed Tomography Scan (CT-Scan)*** Head: Indication:_____ ( ) I.V. contrast ( ) Without contrast Chest/Thoracic: Indication:_____ ( ) I.V. contrast ( ) Without contrast Abdomen/Pelvis: Indication:_____ ( ) I.V. contrast only ( ) P.O. contrast only ( ) I.V. and P.O. contrast ( ) Without contrast Cervical Spine: Indication:_____ ( ) I.V. contrast ( ) Without contrast Thoracic Spine: Indication:_____ ( ) I.V. contrast ( ) Without contrast Lumbar Spine: Indication:_____ ( ) I.V. contrast ( ) Without contrast ***Consultations:*** ( ) Consult:_____ Indication:_____ Social Worker: ( ) Indication:_____	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	**ALLERGY:** [redacted]

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SURGERY ADMISSION ORDER

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PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Occupational Therapy:

( ) Indication:_____

Speech Therapy:

( ) Indication:_____

Dietary:

( ) Indication:_____

Pharmacy:

( ) Indication:_____

( ) Other:_____

IVF and MEDICATION ORDERS ONLY

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IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Physician:_____
(Print)

Signature:_____

Date:____/____/____ Time:_____

SURGERY ADMISSION ORDER

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