



Admit to: Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Primary Physician: Dr. \_\_\_\_\_

Notify, no need to see  Please see patient

Consult Dr. \_\_\_\_\_ Re: \_\_\_\_\_

Admit Status:  Admit to observation  Admit to hospital – Inpatient

Bed Type:  Medical/Surgical  Intensive Care Unit  Cardiac

Add:  Telemetry  Isolation for: \_\_\_\_\_

Discontinue all ED holding orders

Code Status :  Full Code  No Code

**Diet**

- Regular diet
- Low sodium, 4 Gm (no added salt)
- Low cholesterol
- Cardiac: 2 Gm sodium, low fat, low cholesterol
- Carbohydrate control
- Renal Diet
- Clear liquid diet
- NPO
- NPO beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_ (time)
- Other diet order: \_\_\_\_\_

Allergies: \_\_\_\_\_

No Known Drug Allergies

**Activity**

- Up ad lib
- Ambulate \_\_\_\_ x per day
- Ambulate with assistance \_\_\_\_ x per day
- Bed rest
- Bed rest with bathroom privileges
- Other activity level: \_\_\_\_\_

**Vital Signs**

- Vital signs (Routine)
- Vital signs as follows: \_\_\_\_\_
- Measure weight (daily)
- Measure intake and output every shift

**IV Fluids**

- Saline Lock - flush per protocol
- Dextrose 5% with 0.45% NaCl @ \_\_\_\_\_ ml/hr
- Dextrose 5% with 0.9% NaCl @ \_\_\_\_\_ ml/hr
- Sodium Chloride 0.45% @ \_\_\_\_\_ ml/hr
- Sodium Chloride 0.9% \_\_\_\_\_ ml bolus
- Sodium Chloride 0.9% @ \_\_\_\_\_ ml/hr
- Lactated Ringers @ \_\_\_\_\_ ml/hr
- potassium chloride add 20 meq to each liter of IV fluid
- Other IV fluids: \_\_\_\_\_

Physician Initials \_\_\_\_\_

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**Medications - Scheduled**

- See Medication Reconciliation Sheet for Home Medication Orders
- miconazole nitrate 2% topical powder applied topically 2 times a day to tinea rash
- pantoprazole 40 mg intravenous push once a day (pharmacy to convert to oral pantoprazole when patient meets criteria)
- pantoprazole 40 mg orally once a day
- famotidine 20mg intravenous push every 12 hours
- famotidine 20mg orally 2 times a day
- Other Medication: \_\_\_\_\_

**Medications - PRN**

- acetaminophen 650 mg orally or rectally every 4 hours PRN fever / discomfort; total dose (from all sources) not to exceed 4 grams in 24 hours
- aluminum -magnesium hydroxide 30 ml orally every 4 hours PRN for indigestion
- ondansetron HCl 4 mg intravenously every 8 hours PRN for nausea/vomiting
- prochlorperazine 10 mg orally every 6 hours PRN for nausea/vomiting
- prochlorperazine 25 mg rectally every 12 hours PRN for nausea/vomiting
- milk of magnesia 30 ml once a day PRN for constipation
- bisacodyl 10 mg rectally once a day PRN for constipation (if unrelieved by MOM)
- fleet phospho-soda enema 1 rectally once a day PRN for constipation (if unrelieved by MOM / bisacodyl)
- zolpidem 5 mg orally once a day, at bedtime PRN for insomnia
- zolpidem 10 mg orally once a day, at bedtime PRN for insomnia
- Other Medication: \_\_\_\_\_

**Nursing**

- For suspected or documented hypoglycemia, initiate hypoglycemia treatment orders and call physician.
- For hyperglycemic states - initiate BNC Protocol. Begin at level \_\_\_\_\_.
- Bedside blood glucose monitoring \_\_\_\_\_ (frequency)
- Nasogastric/orogastric tube to intermittent suction (Low)
- Insert foley catheter to gravity drainage and obtain urine for urinalysis
- For sudden onset of chest pain initiate chest pain protocol and call physician.
- Peripheral venous cannula insertion/management -- Lidocaine 1% with Sodium Bicarbonate (0.05 - 0.2 ml) as required, superficial to deep vein when initiating IV access, PRN patient comfort.

**Respiratory Therapy**

- Oxygen administration -- per adult oxygen protocol
- albuterol-ipratropium 2.5 mg-0.5 mg/3 ml by nebulizer;  QID  every \_\_\_ hours
- albuterol sulfate 2.5 mg/3 ml by nebulizer;  QID  every \_\_\_ hours
- albuterol sulfate 2.5 mg/3 ml by nebulizer every \_\_\_\_\_ hours PRN dyspnea
- **Limit use of levalbuterol to patients experiencing adverse effects from albuterol**
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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**General Admission Order Set, Adult**

**Laboratory**

- Obtain urine for urinalysis if indwelling catheter is present upon admission OR inserted during hospitalization - Lab to order culture and sensitivity if indicated
- Urinalysis (UA) complete - Lab to order culture and sensitivity if indicated
- Culture, urine , sensitivity if indicated
- Complete blood cell count with automated differential (CBC) ASAP
- Complete blood cell count with automated differential (CBC) daily in AM X \_\_\_\_\_ days
- Basic metabolic panel (BMP) ASAP
- Basic metabolic panel (BMP) daily in AM X \_\_\_\_\_ days
- Comprehensive metabolic panel (CMP) ASAP
- Comprehensive metabolic panel (CMP) daily in AM X \_\_\_\_\_ days
- Prothrombin time (PT) and international normalized ratio (INR) ASAP
- Prothrombin time(PT) and international normalized ratio(INR) in AM x \_\_\_ days
- Partial thromboplastin time (PTT), activated ASAP
- Cardiac Reflex Panel STAT
- B-type natriuretic peptide (BNP) ASAP in AM
- Hepatic function panel (LFT)
- Lactate level ASAP
- Amylase, serum
- Lipase, serum
- Prealbumin
- Hemoglobin A1c (HbA1c)
- Culture, blood X 2
- Thyrotropin (TSH) with reflex
- Type and Screen
- Type and Cross, then transfuse \_\_\_\_\_ units of PRBCs
- Clostridium difficile toxin A & B (Stool)
- Other laboratory orders: \_\_\_\_\_
- Other laboratory orders: \_\_\_\_\_
- Other laboratory orders: \_\_\_\_\_

**Diagnostic Test**

- 12-lead ECG now
  - 12-lead ECG PRN \_\_\_\_\_
  - 12-lead ECG Daily x \_\_\_\_\_ days
  - Radiograph, chest portable now
  - Radiograph, chest portable in the AM
  - Radiograph, chest, 2 views (PA & Lateral) now
  - Radiograph, chest, 2 views (PA & Lateral) in the AM
  - Radiograph, abdomen series
  - Radiograph, abdomen, AP (Flat Plate of Abdomen)
  - Other diagnostic procedures: \_\_\_\_\_
  - Other diagnostic procedures: \_\_\_\_\_
- Indication: \_\_\_\_\_

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**General Admission Order Set, Adult**

**DVT Prophylaxis** ⓘ

- Condition does not warrant DVT prophylaxis
- Do not initiate pharmacologic prophylaxis - anticoagulated with warfarin / heparin.
- Do not initiate pharmacologic prophylaxis - medication is contraindicated.
- Do not initiate pharmacologic prophylaxis - Other Reason: \_\_\_\_\_

**Pharmacological Prophylaxis**

- enoxaparin 40 mg subcutaneously once a day starting today. If patient is scheduled for surgery within the next 24 hours call surgeon prior to administering. If post-op surgical patient, start 6 hours post-operatively. Pharmacy to adjust dose to 30 mg once daily if CrCl is less than 30 ml per minute ; order serum creatinine if none available.

**Mechanical Prophylaxis**

- Intermittent pneumatic compression stockings (IPC)
- Elastic stockings (Graduated Compression Stockings)
- Aggressive Mobilization walk in the halls at least 2 times a day

**Physician Reference: Risk Levels and Treatment Recommendation**  
**Low:** Minor surgery; Medical patients who are fully mobile - Aggressive mobilization BID  
**Moderate:** Most general, open gynecologic or urologic surgery patients; Medical patients at bed rest or sick Enoxaparin  
**High:** Hip or knee arthroplasty; Hip fracture surgery; Major trauma; Spinal cord injury - Enoxaparin AND Intermittent Pneumatic Compression and/or Graduated Compression Stockings  
**Moderate or High: With High Bleeding Risk:** Intermittent Pneumatic Compression and/or Graduated Compression Stockings

**Smoking Cessation** ⓘ

- Patient is a non-smoker (has not smoked in last year) -- Do not initiate smoking cessation orders.
- Patient is a smoker - continue with smoking cessation program as follows:
  - Education, smoking cessation
  - Smoking cessation brochures/handouts/video
  - No medications at this time.
  - nicotine 21 mg/24 hr transdermal film, extended release 1 patch transdermally once a day, in the morning - Remove old patch. (1/2 pack or more per day) ⓘ
  - nicotine 14 mg/24 hr transdermal film, extended release 1 patch transdermally once a day, in the morning - Remove old patch. (1/2 pack or less per day)

**Consults**

- Consult to discharge planning
- Consult to home health regarding: \_\_\_\_\_
- Consult to social services regarding: \_\_\_\_\_
- Consult to dietitian, adult regarding: \_\_\_\_\_
- Consult to physical therapy and treat
- Consult to occupational therapy and treat
- Consult to speech therapy and treat regarding: \_\_\_\_\_
- Consult to wound care center regarding: \_\_\_\_\_

**Other Orders: Please Use the Physician Order Sheet**

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

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