

<p style="text-align: center;">PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>GENERAL</p> <hr/> <p>ADMITTING PHYSICIAN _____</p> <p>Date: _____ Time: _____</p> <p>ADMIT TO: <input type="checkbox"/> ICU <input type="checkbox"/> STEP DOWN <input type="checkbox"/> TELEMETRY</p> <p>CONDITION: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical</p> <p>Code/Resuscitation Status <input type="checkbox"/> Full Code <input type="checkbox"/> DNI/DNR</p> <p>ALLERGIES: <input type="checkbox"/> NKDA <input type="checkbox"/> _____</p> <p>WEIGHT: _____ kg</p> <p>SEE INTERNAL MEDICINE ADMISSION ORDER SET FOR ADDITIONAL ORDERS</p> <p>NURSING ORDERS</p> <p>Precautions</p> <p><input type="checkbox"/> Aspiration <input type="checkbox"/> Fall <input type="checkbox"/> Seizure <input type="checkbox"/> Bleeding</p> <p><input type="checkbox"/> Call neurologist if any changes in neurologic status <input type="checkbox"/> Vital Signs q4Hrs <input type="checkbox"/> Neurochecks q _____ H <input type="checkbox"/> Head of Bed 30 degrees <input type="checkbox"/> Strict I/Os <input type="checkbox"/> Daily weights <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> Titrate O₂ therapy to keep O₂ sat ≥ _____ % (see mechanical ventilator order set if intubated) <input type="checkbox"/> Insert foley per protocol, then reassess daily <input type="checkbox"/> SCDs for DVT Prophylaxis <input type="checkbox"/> TED HOSE STOCKINGS Prophylaxis <input type="checkbox"/> Range of motion all limbs <input type="checkbox"/> q8H <input type="checkbox"/> TID <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY:</p> <hr/> <p>INTRAVENOUS FLUIDS</p> <p><input type="checkbox"/> 0.9% NaCl at _____ mL/hour <input type="checkbox"/> 0.45% NaCl at _____ mL/hour <input type="checkbox"/> OTHER: Fluid type: _____ at _____ ml/hr <input type="checkbox"/> Saline Lock</p> <p>MEDICATION ORDERS</p> <p>Diuretics</p> <p><input type="checkbox"/> Furosemide (Lasix) __mg IV / PO q__H <input type="checkbox"/> Bumetanide (Bumex) __ mg IV / PO q__H <input type="checkbox"/> Metolazone __ mg PO q__H <input type="checkbox"/> Spironolactone __mg PO q__H <input type="checkbox"/> Hydrochlorothiazide __ mg PO q__H <input type="checkbox"/> Other _____</p> <p>Vasodilators</p> <p><input type="checkbox"/> Nitroglycerin 0.4mg SL q5min for chest pain x3 doses only; if persistent chest pain call MD <input type="checkbox"/> Isosorbide dinitrate (Isordil) __mg PO <input type="checkbox"/> TID <input type="checkbox"/> 4x day <input type="checkbox"/> Isosorbide mononitrate (Imdur) __mg PO daily <input type="checkbox"/> Hydralzine __mg PO / IV q__H PRN SBP > _____ and HR > _____</p> <p>Beta-Blockers</p> <p>Hold for SBP < _____ or HR < _____</p> <p><input type="checkbox"/> Carvedilol (<i>Coreg</i>) _____ mg PO BID <input type="checkbox"/> Metoprolol tartrate (<i>Lopressor</i>) _____ mg PO BID <input type="checkbox"/> Metoprolol succinate (<i>Toprol</i>) _____ mg PO daily <input type="checkbox"/> Other: _____</p> <p>ACE-inhibitors</p> <p>Hold for SBP < _____</p> <p><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)</p> <p>Hold for SBP < _____</p> <p><input type="checkbox"/> Losartan (<i>Cozaar</i>) _____ mg PO daily</p>
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IVF and MEDICATION ORDERS ONLY

- ✓ 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.

DO NOT USE:

U MS
IU MSO₄
Q.D. MgSO₄
Q.O.D. Trailing zero
Lack of leading zero

Physician's
Initial

PATIENT ID LABEL

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	IVF and MEDICATION ORDERS ONLY	INTRAVENOUS FLUID and MEDICATION ORDERS
<p><u>LINES, DRAINS, AIRWAYS</u></p> <p><input type="checkbox"/> Insert and maintain foley catheter</p> <p><input type="checkbox"/> Insert and maintain nasogastric tube</p> <p><input type="checkbox"/> Insert and maintain orogastric tube</p> <p><input type="checkbox"/> Maintain peripheral IV line/access</p> <p><u>COMMUNICATION ORDERS</u></p> <p>Notify Provider Vital Signs</p> <p><input type="checkbox"/> Temperature greater than 100.4 F</p> <p><input type="checkbox"/> SBP <input type="checkbox"/> >160 <input type="checkbox"/> SBP <90 <input type="checkbox"/> DBP >110</p> <p><input type="checkbox"/> RR>24 <input type="checkbox"/> RR<8</p> <p><input type="checkbox"/> O2 saturation <90%</p> <p><input type="checkbox"/> HR >120 <input type="checkbox"/> HR<50</p> <p><input type="checkbox"/> UOP < 200mL per shift</p> <p><input type="checkbox"/> OTHER: _____</p> <p><u>CONSULTATIONS (check all that apply):</u></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><u>LABORATORY</u></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"/> Basic Metabolic Panel (Chem7)</p> <p><input type="checkbox"/> Complete Metabolic Panel (Chem20)</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Magnesium</p>	IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <p>_____</p> <p>(Cont. Angiotensin Receptor Blockers)</p> <p><input type="checkbox"/> Valsartan (<i>Diovan</i>) _____ mg PO daily</p> <p>Other: _____</p> <p><u>Statins</u></p> <p><input type="checkbox"/> Atorvastatin (<i>Lipitor</i>) _____ mg PO daily</p> <p><input type="checkbox"/> Pravastatin (<i>Pravachol</i>) _____ mg PO daily</p> <p><input type="checkbox"/> Other: _____</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 physician (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</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>VTE Prophylaxis: If not ordered, document reason:</p> <p><input type="checkbox"/> VTE prophylaxis contraindicated due to the following: _____</p>

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CHF Admission Order Set

