**GENERAL**

**ADMITTING PHYSICIAN:**

**ADMIT TO:**
- [ ] STEP DOWN
- [ ] TELE
- [ ] MEDSURG
- [ ] SURGICAL

**DIAGNOSIS:**

**Code/Resuscitation Status**
- [ ] Full Code
- [ ] DNI/DNR

**ALLERGIES:**
- [ ] NKDA
- [ ] __________

**WEIGHT:** __________ kg

**Standard Precautions**

**Indication:**
- [ ] Contact
- [ ] Special Contact
- [ ] Airborne
- [ ] Droplet
- [ ] Neutropenic
- [ ] OTHER: __________

**RESTRATAIN USE (see separate order sheet)**

**CAPILLARY BLOOD GLUCOSE**

- [ ] CBG q AC and HS
- [ ] CBG q4H
- [ ] CBG q6H
- [ ] OTHER: __________

**ACTIVITY**

- [ ] Bed rest
- [ ] Up ad Lib
- [ ] Up to chair
- [ ] Ambulate
- [ ] HOB 45 degrees
- [ ] OTHER: __________

**CONTINUOUS INFUSIONS**

- [ ] 0.9% NaCl at ______ mL/hour
- [ ] 0.45% NaCl at ______ mL/hour
- [ ] D5W at ______ mL/hour
- [ ] D5W-1/2NS at ______ mL/hour
- [ ] OTHER: Fluid type: _________ Rate: _________

**MEDICATIONS**

**Anticoagulants/antiplatelets**

- [ ] Fibrinolytics (see fibrinolytics checklist)
- [ ] Heparin drip (see heparin protocol)
- [ ] Enoxaparin (Lovenox) ______ mg SQ q ___H
- [ ] Aspirin 325 mg PO x1 now (if not already given)
- [ ] Aspirin EC 81 mg PO daily (start day after full dose aspirin)
- [ ] Clopidogrel (Plavix) 300 mg PO x1 now (if not already given)
- [ ] Clopidogrel (Plavix) 75 mg PO daily (start day after Plavix load)

**Anti-Hypertensives for acute blood pressure control**

- [ ] Labetalol 10mg IV push q____H
- [ ] PRN SBP > _____ and/or HR > _______
- [ ] Metoprolol 5mg IV push q____H
- [ ] PRN SBP > _____ and/or HR > _______
- [ ] Hydralazine 10mg IV push q____H
- [ ] PRN SBP > _____ and/or HR < _______

**Antiarrhythmics**

- [ ] Amiodarone 150mg IVPB STAT
- [ ] Amiodarone drip per protocol
- [ ] Amiodarone ___ PO □ BID □ TID
- [ ] Diltiazem drip
- [ ] Digoxin _____ mg PO/IV daily

**Beta-Blockers**

**Hold for SBP < _____ or HR < ____**

- [ ] Carvedilol (Coreg) ______ mg PO BID
- [ ] Metoprol tartrate (Lopressor) _____ mg PO BID
- [ ] Other: __________

**OTHER**: __________

**DO NOT USE:**

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

**Physician’s Initial**

**PATIENT ID LABEL**

---

**ACS Admission Order Set**

Guam Memorial Hospital Authority

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Notify Provider Vital Signs

**PHYSICIAN’S ORDER**

**NUTRITION/DIET**
- □ Speech consult for swallow evaluation
- □ Regular
- □ Soft / Mechanical Chopped/Ground
- □ Liquids (clear / full)
- □ Cardiac diet
- □ Renal diet
- □ Tube feeds ______ GOAL RATE: ______ ml/hr
- □ TPN / PPN per pharmacy (pharmacy consult)
- □ STRICT NPO
- □ NPO except medications
- □ DIETITIAN CONSULT
- □ OTHER: ___________________

**PATIENT CARE**
- □ Daily weight
- □ Vital Signs q4Hrs
- □ Strict Intake and Output (Strict I&O)
- □ Oxygen therapy
- □ Titrate O₂ therapy to keep O₂ sat ≥ ______
- □ Aspiration Precautions
- □ SCDs for DVT Prophylaxis
- □ TED HOSE STOCKINGS Prophylaxis
- □ Incentive Spirometry q__________H while awake
- □ Neuro checks q__________H
- □ Neurovascular checks q__________H

**LINES, DRAINS, AIRWAYS**
- □ Insert and maintain foley catheter
- □ Insert and maintain nasogastric tube
- □ Insert and maintain orogastric tube
- □ Maintain peripheral IV line/access

**COMMUNICATION ORDERS**
Notify Provider Vital Signs
- □ Temperature greater than 100.4 F
- □ SBP □ >160 □ SBP <90
- □ O₂ saturation <90%
- □ HR >120 □ HR<60
- □ Urine Output <0.5 mL/kg/hr in 2 hours
- □ OTHER: __________

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**ACE-inhibitors**
- □ Hold for SBP <________
- □ Lisinopril (Zestril) _____ mg PO daily
- □ Captopril (Capoten) _____ mg PO □ BID □ TID
- □ Enalapril (Vasotec) _____ mg PO □ daily □ BID
- □ Other: ______________________

**Angiotensin Receptor Blockers (ARB)**
- □ Hold for SBP <________
- □ Losartan (Cozaar) _____ mg PO daily
- □ Valsartan (Diovan) _____ mg PO daily
- □ Other: ______________________

**Statins**
- □ Atorvastatin (Lipitor) _____ mg PO daily
- □ Pravastatin (Pravachol) _________ mg PO daily
- □ Other: ______________________

**Anxiolytics – PRN orders (requires indication)**
- □ Lorazepam (Ativan) _____ mg IV / PO
- □ Midazolam (Versed) _____ mg IV q____ H(s) PRN indication: __________
- □ Other: ______________________

**Analgesia – PRN orders (requires indication)**
- □ Acetaminophen (Tylenol) 650mg PO / PR q_____ H
- □ Hydrocodone/Acetaminophen (Norco) 5-325mg PO q____ H PRN pain greater than ____/10
- □ Morphine _____ mg IV q_____ hour PRN pain greater than _____ /10
- □ Other: ______________________

**Anti-pyretics**
- □ Acetaminophen (Tylenol) 650mg PO / PR q4H PRN fever

**SUMMARY/BLANKET ORDERS**
- □ S <98% ○ SBP <90
- □ 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

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<tr>
<th>PHYSICIAN’S ORDER</th>
<th>INTRAVENOUS FLUID and MEDICATION ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EXCLUDING IV Fluids and MEDICATIONS)</td>
<td>ALLERGY:</td>
</tr>
<tr>
<td>CONSULTATIONS (check all that apply):</td>
<td>(Cont. Anti-pyretics)</td>
</tr>
<tr>
<td>☐ Consult ___________</td>
<td>☐ Acetaminophen (Tylenol) 1gm PO q6H PRN for fever</td>
</tr>
<tr>
<td>Indication:</td>
<td>☐ Ibuprofen 400 mg PO q8H PRN fever</td>
</tr>
<tr>
<td>☐ Consult ___________</td>
<td>Anti-emetics</td>
</tr>
<tr>
<td>Indication:</td>
<td>☐ Metoclopramide (Reglan) 10mg PO / IV q6H PRN nausea/vomiting</td>
</tr>
<tr>
<td>☐ Consult ___________</td>
<td>☐ Promethazine (Phenergan) 25mg IM q6H PRN nausea/vomiting</td>
</tr>
<tr>
<td>Indication:</td>
<td>☐ Ondansetron (Zofran) 4mg PO / IV q6H PRN nausea/vomiting</td>
</tr>
<tr>
<td>☐ Consult Social Work</td>
<td>RESPIRATORY (non-ventilated patients)</td>
</tr>
<tr>
<td>Indication:</td>
<td>(Check all that apply):</td>
</tr>
<tr>
<td>☐ Consult Phys. Therapy</td>
<td>☐ Albuterol 0.083% 2.5mg q ___H INH nebulizer</td>
</tr>
<tr>
<td>Indication:</td>
<td>☐ ATC or PRN SOB / wheezing</td>
</tr>
<tr>
<td>☐ Consult Occup. Therapy</td>
<td>☐ Ipratropium 0.02% 0.5mg q ___H INH nebulizer</td>
</tr>
<tr>
<td>Indication:</td>
<td>☐ ATC or PRN SOB / wheezing</td>
</tr>
<tr>
<td>☐ Consult Speech Therapy</td>
<td>BOWEL CARE</td>
</tr>
<tr>
<td>Indication:</td>
<td>Senna (Senna) 8.6mg PO/OGT/NGT BID</td>
</tr>
<tr>
<td>☐ Consult Dietary</td>
<td>Docusate (Colace) 50mg PO/OGT/NGT BID (Hold for loose stools)</td>
</tr>
<tr>
<td>Indication:</td>
<td>Bisacodyl (Dulcolax) 10mg PO/OGT/NGT daily PRN constipation</td>
</tr>
<tr>
<td>☐ Consult Pharmacy</td>
<td>Bisacodyl (Dulcolax) 10mg suppository PR daily PRN constipation</td>
</tr>
<tr>
<td>Indication:</td>
<td>Polyethylene glycol 3350 (Miralax) 17g 1 packet</td>
</tr>
<tr>
<td>☐ Consult Pharmacy</td>
<td>PO/OGT/NGT daily PRN constipation</td>
</tr>
<tr>
<td>Indication:</td>
<td>Magnesium hydroxide (Milk of Magnesia) 30mL PO/OGT/NGT q6H PRN constipation</td>
</tr>
<tr>
<td>☐ Consult Pharmacy</td>
<td>Lactulose 30mL PO/OGT/NGT twice daily PRN constipation</td>
</tr>
<tr>
<td>Indication:</td>
<td>Sodium bisphosphate-sodium phosphate (Fleet Enema) 133mL PR daily PRN constipation</td>
</tr>
<tr>
<td>Other: ________________________________</td>
<td>Tap Water Enema PR daily PRN constipation</td>
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<tr>
<td>Other: ________________________________</td>
<td>(alternative to fleet enema in ESRD)</td>
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<tr>
<td>Other: ________________________________</td>
<td>Other: ________________________________</td>
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<tr>
<td>Other: ________________________________</td>
<td>Ensure adequate fluid intake</td>
</tr>
</tbody>
</table>

LABORATORY

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

☐ Complete Blood Count (CBC) with diff
☐ Chem7
☐ Chem20
☐ Magnesium
☐ Phosphorus
☐ BNP
☐ 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: ________________________________

c Cultures

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

- 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:

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**PHYSICIAN’S ORDER**  
(EXCLUDING IV Fluids and MEDICATIONS)

- STAT CXR indication: __________________
- STAT 12 Lead EKG indication: __________________
- Other: __________________

**IMAGING**

- STAT CXR indication: __________________
- STAT 12 Lead EKG indication: __________________
- Other: __________________

**AM LABS**  
Date: ____________

(labs will require daily renewal)

- CBC With Auto Differential
- Chem7
- Chem20
- Coags: PT / APTT / INR
- Magnesium
- Phosphorus
- Other: ________________

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**BLOOD GLUCOSE MANAGEMENT**  
(see GMHA Hyperglycemia Protocol)

- Accuchecks q___ H
- Accuchecks AC + HS
- Low Dose Insulin Sliding Scale
- Medium Dose Insulin Sliding Scale
- High Dose Insulin Sliding Scale
- Insulin Sliding Scale per MD (separate orders)
- Manage hypoglycemia per Hypoglycemia Protocol
- Other: __________________

**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**  
(if full anticoagulation not ordered above)

- 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: ________________

**DO NOT USE:**

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

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