## Guam Memorial Hospital Authority
### Internal Medicine Admission Orders

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

### GENERAL

**ADMITTING PHYSICIAN**

**ADMIT TO:**
- ☐ STEP DOWN
- ☐ TELEMETRY
- ☐ MEDSURG
- ☐ SURGICAL

### DIAGNOSIS

**CONDITION:**
- ☐ Stable
- ☐ Guarded
- ☐ Critical

**Code/Resuscitation Status**
- ☐ Full Code
- ☐ DNI/DNR

**ALLERGIES:**
- ☐ NKDA
- ☐ ________________

**WEIGHT:** ____________ kg

**Standard Precautions**

**Indication:** ________________

- ☐ Contact
- ☐ Special Contact
- ☐ Airborne
- ☐ Droplet
- ☐ Neutropenic
- ☐ OTHER: ____________

**RERAINT 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: ________________

**NUTRITION/DIET**

- ☐ Speech consult for swallow evaluation
- ☐ Regular
- ☐ Soft / Mechanical Chopped/Ground
- ☐ Liquids (clear/full)

**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: _________
- ☐ Saline Lock

### MEDICATIONS

**Antianxiety**

- ☐ Lorazepam (Ativan) ______ mg IV / PO
- ☐ __________ mg IV q ______ H(s) PRN indication: ________________
- ☐ Midazolam (Versed) ______ mg IV q ______ H(s) PRN indication: ________________

**Analgesia**

**PRN orders**

- ☐ Acetaminophen (Tylenol) 650mg PO / PR
- ☐ __________ mg IV q ______ H PRN pain greater than ______ /10
- ☐ Hydrocodone/Acetaminophen (Norco) 5-325mg PO
- ☐ __________ mg IV q ______ H PRN pain greater than ______ /10
- ☐ Oxycodone/Acetaminophen (Percocet) 5-325mg PO
- ☐ __________ mg IV q ______ H PRN pain greater than ______ /10
- ☐ Morphine ______ mg IV q ______ H PRN pain greater than ______ /10
- ☐ Other: ________________ mg IV q ______ H PRN pain greater than ______ /10

**Anti-pyretics**

- ☐ Acetaminophen (Tylenol) 650mg PO / PR q4H PRN for fever
- ☐ Acetaminophen (Tylenol) 1gm PO q6H PRN for fever
- ☐ Ibuprofen 400 mg PO q8H PRN for fever

**Anti-emetics**

- ☐ Metoclopramide (Reglan) 10mg PO / IV q6H PRN for nausea/vomiting
- ☐ Promethazine (Phenergan) 25mg IM q6H PRN for nausea/vomiting
- ☐ Ondansetron (Zofran) 4mg PO / IV q6H PRN for nausea/vomiting

**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**

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P&T: 3/17/16 MED: 3/17/16 HIMC: 4/15/16 Form# CPOE-030
| PHYSICIAN’S ORDER  
| (EXCLUDING IV Fluids and MEDICATIONS) |
| ☐ Cardiac diet  |
| ☐ Renal diet  |
| ☐ Tube feeds _____ GOAL RATE: _____ ml/hr  |
| ☐ STRCT 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:  |

| CONSULTATIONS (check all that apply):  |
| ☐ Consult ______  |
| Indication:  |
| ☐ Consult ______  |
| Indication:  |
| ☐ Consult ______  |
| Indication:  |

| INTRAVENOUS FLUID and MEDICATION ORDERS  |
| ALLERGY:  |

| RESPIRATORY (non-ventilated patients)  |
| (Check all that apply):  |
| ☐ Albuterol 0.083% 2.5mg q___H INH nebulizer  |
| ☐ ATC or ☐ PRN SOB / wheezing  |
| ☐ Ipratropium 0.02% 0.5mg q___H INH nebulizer  |
| ☐ ATC or ☐ PRN SOB / wheezing  |

| BOWEL CARE  |
| ☐ Senna (Senna) 8.6mg PO/OGT/NGT BID  |
| ☐ Docusate (Colace) 50mg PO/OGT/NGT BID (Hold for loose stools)  |
| ☐ Bisacodyl (Dulcolax) 10mg PO/OGT/NGT daily PRN constipation  |
| ☐ Bisacodyl (Dulcolax) 10mg suppository PR daily PRN constipation  |
| ☐ Polyethylene glycol 3350 (Miralax) 17g 1 packet PO/OGT/NGT daily PRN constipation  |
| ☐ Magnesium hydroxide (Milk of Magnesia) 30mL PO/OGT/NGT q4H PRN constipation  |
| ☐ Lactulose 30mL PO/OGT/NGT twice daily PRN constipation  |
| ☐ Sodium bisphosphate-sodium phosphate (Fleet Enema) 133mL PR daily PRN constipation  |
| ☐ Tap Water Enema PR daily PRN constipation (alternative to fleet enema in ESRD)  |
| ☐ Other:  |

| BLOOD GLUCOSE MANAGEMENT  |
| (see GMHA Hyperglycemia Protocol)  |
| ☐ Accuchecks every _____ hours  |
| ☐ 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:  |

| PATIENT ID LABEL  |  |
| ☐ Patient ID label  |

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**Physician’s Order**

(Excluding IV Fluids and Medications)

- Consult Social Work
  - Indication: ________________________________

- Consult Phys. Therapy
  - Indication: ________________________________

- Consult Occup. Therapy
  - Indication: ________________________________

- Consult Speech Therapy
  - Indication: ________________________________

- Consult Dietary
  - Indication: ________________________________

- Consult Pharmacy
  - Indication: ________________________________

**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: ________________________________

**Culture**

- 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: ________________________________

**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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<table>
<thead>
<tr>
<th>AM LABS</th>
<th>Date: ____________</th>
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<tbody>
<tr>
<td></td>
<td>(labs will require daily renewal)</td>
</tr>
<tr>
<td></td>
<td>□ CBC With Auto Differential</td>
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<tr>
<td></td>
<td>□ Basic Metabolic Panel (Chem7)</td>
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<tr>
<td></td>
<td>□ Complete Metabolic Panel (Chem20)</td>
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<tr>
<td></td>
<td>□ Coags: PT / APTT / INR</td>
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<td>□ Calcium</td>
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<td>□ Magnesium</td>
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<td></td>
<td>□ Phosphorus</td>
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<td></td>
<td>□ Other: __________________</td>
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</tbody>
</table>

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**DO NOT USE:**
- U
- IU
- Q.D.
- Q.O.D.
- Trailing zero
- Lack of leading zero

- 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.

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