

Incorporating these orders into your hospital admission routine will ensure that patients receive comprehensive, appropriate care every time.



Providing Consistent Care With Standardized Admission Orders

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As physicians, we are constantly searching for ways to reduce variability, simplify work processes and improve the quality of our services. This is especially true for family physicians because the scope of our specialty is so vast. During a typical day, it is normal for us to encounter a wide variety of patient problems, and nowhere is it as difficult – or important – for us to strive for consistency, efficiency and accuracy in our care as in the hospital setting.

In our 15-physician department of family medicine, which is part of a large multispecialty clinic, we care for our hospitalized patients with an “internal hospitalist” program. Each physician rotates as a hospitalist, caring exclusively for family medicine inpatients for one week every few months. To help decrease unnecessary variability in our care, we created a series of admission orders for common hospital admissions.

Better process, better care

When we first developed our standardized admission orders seven years ago, we chose 27 conditions that we thought would be most useful. We currently have 29 admission orders that cover the conditions our family physicians most frequently encounter in the hospital. We have found that this order set covers more than 90 percent of our hospital admissions.



Every two years, we divide the orders among the physicians in the department for updating. During the updating process, we make sure we are up-to-date with current evidence so we can incorporate the best, most cost-effective and efficient care into our admission orders. This includes reviewing certain orders with specialists in relevant fields and modifying our orders to match any standing orders issued by our primary hospital. We also update our orders based on new treatments or medications, new formulary-recommended medications, new relevant labs (e.g., troponin I, brain natriuretic peptide or D-dimer) and new technology for diagnoses (e.g., spiral CTs for pulmonary embolism and CT stone studies for ureteral calculi). During our most recent round of updates, we added new orders for congestive heart failure and pancreatitis (see these beginning on page 51) and made minor changes to pre-existing orders.

As I've mentioned in previous *FPM* articles, we do not view these orders as “written in stone” (see “Using Standardized Admit Orders to Improve Inpatient Care,” November/December 1999 and “30 Standardized Hospital Admission Orders,” October 2001). The orders are intended to provide a framework for treating patients and planning a course of care. Our physicians are not required to use the orders for every admission. Each patient presents with

ADMIT ORDERS

All 29 of the standardized admit orders developed by the family medicine department of the Scott & White Clinic at College Station, Texas, can be downloaded as a PDF or Word document from the online version of this article at <http://www.aafp.org/fpm/20060900/49prov.html>.

The admission orders cover the following conditions:

- Acute Mental Status Change
- Acute Myocardial Infarction
- Acute Pancreatitis
- ASA Overdose
- Asthma
- Chest Pain
- Childhood Bacterial Meningitis
- Community Acquired Pneumonia
- Congestive Heart Failure
- Croup
- CVA
- Diabetic Ketoacidosis
- DVT Lovenox Therapy
- DVT Discharge
- Endometritis
- HIV Pneumonia
- Hyperkalemia
- Hyponatremia
- Hypokalemia
- Hyponatremia
- Lower GI Bleed
- Intractable Headache
- Neutropenic Fever
- Partial Small Bowel Obstruction
- Pediatric Vomiting-Diarrhea-Dehydration
- Pelvic Inflammatory Disease
- Pyelonephritis
- Seizures
- Upper GI Bleed

To reduce unnecessary variability in their inpatient care, the author and the physicians in his department created a set of standardized hospital admission orders.

The author's department reviews and updates each order every two years to incorporate new diagnostic and management techniques.

The orders are also valuable tools for teaching students and residents how to manage common hospital admissions.

a unique situation and should be treated according to the physician's discretion. The purpose of the orders is to get us off to a consistent start and give our patients the best possible care.

Standardized orders also help us prevent errors by giving us easy access to the information we need regarding medication doses and labs for each condition. It's easy to imagine even the most meticulous physician making a critical error late at night after a full day of patient care. If we have a standard admit order in front of us, we are far less likely to err in our initial treatment of the patient.

Added benefits

Everyone has benefitted from the introduction of the orders to our inpatient admission process. The hospital administration and staff have been very receptive; in fact, the hospital

has even designed some of its standard order sets to match ours. The orders we created are structured in a user-friendly format, and because most of them require minimal writing, the nurses don't have to struggle to read our handwriting.

These orders have also proved excellent resources for teaching students and residents. I routinely ask students to write their own orders, which we then compare to the standard orders for discussion and teaching purposes. I can then either confirm that they remembered the necessary elements of the course of treatment or point out where they omitted something. This has become a highly effective learning technique for students.

With so many advantages to using standardized admission orders, I encourage you to incorporate them into your inpatient care. The entire order set is available for downloading from the online version of this article at <http://www.aafp.org/fpm/20060900/49prov.html>. You are welcome to use the orders as we've created them or customize them to fit your practice's needs. **FPM**

About the Author

Dr. Wiprud is director of the division of family medicine for the Scott & White Clinic in College Station, Texas. Author disclosure: nothing to disclose.

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