# **ACUTE MENTAL STATUS CHANGE ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor

[ ] Monitored bed [ ] Other \_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Acute Mental Status Change

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2

[ ] ADA \_\_\_\_\_\_ calories [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges [ ] Up ad lib

[ ] Fall precautions

8. Nursing: [ ] Vital signs with neuro every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: T > 101.5, HR > 120, BP < 90/60 or > 180/110, decline in neurostatus, O2 sat < 92%

[ ] Pulse ox every 8 hrs nasal cannula/face mask to maintain O2 sat > 92%

[ ] I&O

9. Medications: For aggressive or psychotic behavior management

#### Acutely agitated and over 200 lbs without renal/hepatic impairment

[ ] Haldol 10 mg PO/IM, Ativan 4 mg PO/IM and Cogentin 1 mg PO/IM every 6 hrs prn; hold if BP < 100/60 mmHg

OR

[ ] Geodon 20 mg IM every 8 hrs prn; hold if BP < 100/60 mmHg

Acutely/moderately agitated and under 200 lbs without renal/hepatic impairment

 [ ] Risperdal 2 mg and Ativan 2 mg PO every 6 hrs prn

OR

[ ] Haldol 5 mg IM and Ativan 2 mg IM and Cogentin 1 mg IM every 4 hrs prn; hold if BP < 100/60 mmHg

OR

[ ] Geodon 20 mg IM every 8 hrs prn; hold if BP < 100/60 mmHg

##### Mildly agitated with renal/hepatic impairment

[ ] Risperdal 2 mg PO and Ativan 2 mg PO every 8 hrs prn

##### Elderly/Frail

[ ] Risperdal 0.5 mg PO and Ativan 0.5 mg PO every 8 hrs prn (not to exceed 3 in 24 hrs)

OR

[ ] Haldol 2 mg IM and Ativan 1 mg every 8 hrs prn; hold if BP < 100/60 mmHg

10. IV: [ ] IV lock; flush per routine

[ ] IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ mL/hr

11. Lab: [ ] Admission: CBC, sed rate, comp met profile, serum ammonia, HIV, RPR, TSH, urine drug screen

[ ] Consider: serum for lead and heavy metals and lumbar puncture

[ ] Other labs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Diagnostic Studies: [ ] CT head without contrast

[ ] CXR 2 view; reason: rule out bony abnormality/infiltrate

[ ] Consider carotid Doppler

13. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Other Orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **ACUTE MYOCARDIAL INFARCTION ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Diagnosis:Acute MI

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

4. Condition:[ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO meds [ ] AHA step I [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Complete bed rest

8. Nursing: [ ] Vital signs:per routine [ ] O2 @ 2, 4, 6 L/min via nasal cannula

[ ] 12 lead ECG: stat (if not done in ER) and every morning

[ ] Portable CXRif not done in ER

[ ] 2 D Echo with Doppler flowto be read by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Continuous cardiac monitoring [ ] Arrhythmia protocol

9. Medications: [ ] Clopidogrel 300 mg PO now, then 75 mg PO daily

[ ] ASA 81 mg, 4 PO now (if not given in ER)

[ ] ECASA 325 mg PO daily

[ ] Lovenox \_\_\_\_\_\_\_mg (1 mg/kg) every 12 hrs-start now

[ ] Nitropaste \_\_\_\_\_\_\_in (es) every \_\_\_\_\_\_\_hrs

[ ] Zocor \_\_\_\_\_\_\_mg PO with evening meal

[ ] NTG 0.4 mg SL every 5 min prn chest pain X3 doses

[ ] Beta blocker: Metoprolol 12.5 mg PO now and then \_\_\_\_\_\_\_mg every 12 hrs

[ ] ACE: Captopril 6.25 mg PO now and then 12.5 mg PO in every 8 hrs (hold for SBP < 105 or patient going to cath lab)

10. Lab: [ ] Hemogram [ ] CK [ ] CK-MB [ ] Troponin I

[ ] Comp met profile; if not done in ER [ ] MG [ ] Fasting lipid panel

[ ] Repeat CK, CK-MB, Troponin I @ \_\_\_\_\_\_ (8 hrs) and \_\_\_\_\_\_\_(16 hrs)

11. Consider: [ ] NTG drip (50 mg in 250 mL D5W); start at 3 mcg/min and titrate to relieve chest pain and maintain SBP < 130 and > 90

[ ] Integrilin 180 mcg/kg IV bolus (\_\_\_\_\_\_\_mcg total) over 1-2 min then IV infusion @ 2 mcg/kg/min, not to exceed 72 hrs; while on infusion, obtain hemogram, creat every 8 hrs-if platelets < 1,000,000 call MD

[ ] If creatinine level 2-4; decrease by half; if creatinine > 4 discontinue infusion and call MD

[ ] Tylenol 650 mg every 4-6 hrs prn pain/fever

[ ] Ambien 5 mg @ bedtime prn insomnia

[ ] MOM 15-30 mL PO every 12 hrs prn constipation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **ASA OVERDOSE ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] ICU [ ] Other telemetry [ ] Medical floor

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: ASA overdose

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA\_\_\_\_\_\_ calories

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bathroom privileges

8. Nursing: [ ] Vital signs every 4 hrs for 24 hrs then every 4 hrs if stable

[ ] Suicide precautions

[ ] Gastric lavage in ER with activated charcoal

[ ] Consider dialysis if serum salicylate greater than 70 mg/dl

9. Medications: [ ] Vitamin K 10 mg IM now

[ ] Guaiac all stools

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] Dextrose 5% in 1/2 normal saline with 44 mEq bicarbonate/L @ 300 mL/hr (forced alkaline diuresis)

11. Lab: [ ] ABGs

[ ] Hemogram

[ ] Lytes

[ ] Glucose

[ ] Salicylate level, if not done in ER

12. Consult: [ ] Psych [ ] Social services [ ] MHMR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**ASTHMA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Asthma Exacerbation

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges [ ] Up ad lib

8. Nursing:

[ ] Vital signs every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: T > 101.5, HR > 120, BP < 90/60 or > 180/110

Pulse ox < 90%, decrease level of consciousness or respiratory distress

[ ] I&O

9. Medications:

[ ] Albuterol nebulizer every \_\_\_\_\_\_ hrs and prn

[ ] Methylprednisone 125 mg IV bolus now, then 80 mg IVP every 8 hrs

[ ] Tylenol 500 mg 2 tabs PO every 4 hrs prn temp > 101 or pain

[ ] Ambien 10 mg PO at bedtime prn insomnia

10. IV: [ ] IV lock; flush per routine

[ ] IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ mL/hr

11. Lab: [ ] Admission: hemogram, basal metabolic profile

[ ] ABG if pulse ox < 90% or if severe respiratory distress or decreased LOC develops

12. Diagnostic Studies: [ ] CXR on admission

[ ] Pulse ox upon arrival to floor and with neb treatments

[ ] Peak flow measurement pre and post neb treatments

13. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**CHEST PAIN ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Chest pain; R/O acute coronary syndrome

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges [ ] Up ad lib

8. Nursing: [ ] Vital signs every 1 hr for 4 hrs then every 4 hrs

[ ] Notify MD for: T > 101.5, P > 120, BP < 90/60 or > 180/110, abnormal lab results

[ ] Weight on arrival

[ ] Continuous cardiac monitoring; arrhythmia Orders

[ ] Stat ECG for significant chest pain

[ ] O2 at 2 L nasal cannula; notify MD if Pulse ox < 93%

9. Medications: [ ] Nitropaste 0.5 inch topically every 8 hrs

[ ] Enteric coated aspirin 325 mg PO now and every morning

[ ] NTG 1/150 SL prn CP, may repeat 15 min until pain free or max three tabs per episode

[ ] Morphine sulfate 5 mg slow IVP every 30 min prn severe chest pain

[ ] Tylenol 500 mg 2 PO every 4 hrs prn headache/fever/pain

[ ] Ambien 10 mg PO at bedtime prn for insomnia

[ ] MOM 30 mL PO BID prn for constipation

[ ] Maalox 30 mL PO every 4 hrs prn for indigestion

10. IV: [ ] IV lock; flush per routine

[ ] IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ ml/hr

11. Lab: [ ] Admission: CBC, basal metabolic profile, TSH, Troponin I every 8 hrs x2

[ ] Lipid profile in a.m.

12. Diagnostic Studies: [ ] CXR if not done

[ ] ECG every morning

[ ] Cardiolite stress test

[ ] Adenosine cardiolite stress test

[ ] Echocardiogram – to be read by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**CONGESTIVE HEART FAILURE ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

3. Admitting Diagnosis: Congestive Heart Failure

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

Fluid restriction: 2000 mL/24 hrs or \_\_\_\_\_\_mL/24 hrs

7. Activity: [ ] Bed rest [ ] Bed rest with bathroom privileges [ ] Up with assistance

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Nursing: [ ] Vital signs every 4 hrs or per unit routine

[ ] Notify MD for: increasing dyspnea; chest pain; BP < 90/60 or > 180/110;

P < 60 or > 120

[ ] Daily weights

[ ] Strict I&O

[ ] O2 via NP @ 2, 3 or 4 L/min

[ ] Pulse ox check every 4 hrs and titrate O2 to keep pulse ox > 92%

[ ] Continuous cardiac monitoring

9. Medications: [ ] ASA \_\_\_\_mg PO every morning

[ ] Clopidogrel 75 mg PO every morning

[ ] ACE inhibitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Lasix \_\_\_\_\_\_\_\_mg IVP every \_\_\_\_hrs

[ ] NTG paste \_\_\_\_\_\_\_ inch(es) every \_\_\_\_ hrs

[ ] Betablocker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Digoxin (NYHA class III/IV): \_\_\_\_ mg PO daily

[ ] Spironolactone \_\_\_\_\_\_mg PO bid

[ ] Tylenol 650 mg PO every 4-6 hrs prn pain

[ ] MOM 30 mL PO every 12 hrs prn constipation

[ ] Ambien 10 mg PO at bedtime prn for insomnia

10. IV: IV lock; flush per routine

11. Lab: [ ] CBC, BNP, CK, CK-MB, Troponin I, MG+, TSH, UA on admission

[ ] Repeat CK, CK-MB, Troponin I in 8 hrs

[ ] Daily basal metabolic profile

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Diagnostic Studies: [ ] Echocardiogram-to be read by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] EKG if not done in ER

[ ] CXR: \_\_\_\_ Portable \_\_\_\_PA/Lat; Reason: CHF

13. Consult: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

14. Patient Education: Begin CHF patient education.

15. Other Orders: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**CHILDHOOD BACTERIAL MENINGITIS ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] ICU [ ] Pediatrics

2. Attending Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Childhood Bacterial Meningitis

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Age appropriate diet

7. Activity: [ ] Routine for age [ ] Crib [ ] Bassinet [ ] Bed rest

8. Nursing: [ ] Vital signs with BP:every \_\_\_\_\_hrs

[ ] Neuro vitals:every \_\_\_\_\_hrs

9. Medications: [ ] < 1 month of age: ampicillin 50 mg/kg/dose IVPB every 8 hrs; gentamicin 2.5 mg/kg/dose IVPB every 12 hrs

[ ] Age 1-3 months: ampicillin (50 mg/kg) \_\_\_\_\_\_mg IVPB every 8 hrs; cefotaxime (50 mg/kg) \_\_\_\_\_\_mg IVPB every 6 hrs

[ ] > 3 months: cefotaxime (50 mg/kg) \_\_\_\_\_\_mg IVPB every 6 hrs

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] Normal saline @ \_\_\_\_\_\_mL/hr with 5 mEq KCl/250 mL should be 2/3 maintenance

[ ] Maintenance: 100 mL/kg/day up to 10 kg plus 50 mL/kg/day for each kg between 10-20 plus 20 mL/kg/day for each kg > 20 kg

11. Labs: [ ] Send CSF for: tube 1: C&S, gram stain on centrifuge spun specimen; tube 2: glucose, protein; tube 3: cell count and diff;tube 4: hold

[ ] Blood cultures X2, CBC, basal metabolic profile

[ ] UA, Urine C&S

[ ] If concerned about SIADH: serum Lytes every 8 hrs, urine Lytes with Osm every day, urine SG every shift

12. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**COMMUNITY ACQUIRED PNEUMONIA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Medical [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Pneumonia

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] Regular as tolerated

7. Activity: [ ] Bed rest with bathroom privileges with assistance

8. Nursing: [ ] Vital signs: every 4 hrs

[ ] Spot pulse ox on room air upon arrival

[ ] ABG if Pulse ox < 90% or severe respiratory distress

[ ] Call MD for BP < 90/60 or > 180/120; P < 60 or > 120; T > 102.5; RR < 12 or > 28

[ ] Respiratory distress or decreased LOC

9. IV:[ ] Dextrose 5% in 1/2 normal saline with 20 mEq KCL @ \_\_\_\_\_\_\_\_mL/hr

 [ ] IV lock; flush per routine

10. Medications: [ ] 02 @ 2, 4, 6 L/min via [ ] NC [ ] OR [ ] FM

 [ ] Ceftriaxone (Rocephin) 1 GM IVPB STAT after blood culture

 PLUS

[ ] Zithromycin 500 mg IV or PO daily

 OR

 [ ] Levaquin 500 mg IV or PO daily

 [ ] Tylenol 650 mg PO every 4-6 hrs prn pain/fever

 [ ] MOM 30 mL PO every 12 hrs prn constipation

 [ ] Ambien 10 mg PO @ bedtime prn insomnia

[ ] Other meds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] CBC, basal metabolic profile

 [ ] Blood cultures x2 STAT prior to antibiotics

 [ ] Sputum for gram stain, C&S and consider AFB

12. Chest X-ray: [ ] PA & Lat if not done previously

13. Patient Education: [ ] Smoking cessation counseling

14. Immunizations: Influenza Vaccine (September-March)

[ ] Administer influenza vaccine 0.5 mL on day of discharge

[ ] Patient has been immunized this flu season

[ ] Immunization not indicated due to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pneumococcal vaccine (year round)

[ ] Administer pneumococcal vaccine 0.5 mL on day of discharge

[ ] Patient previously immunized after age 65 years

[ ] Patient previously immunized before age 65, but < 5 years ago

[ ] Immunization not indicated due to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **CROUP ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Admission [ ] Observation in pediatric unit

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Croup

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] Clear liquids [ ] Diet for age

7. Activity: [ ] Bed rest [ ] Up ad lib

8. Nursing: Vital signs:[ ] Per unit routine; [ ] Every 4 hrs if on oxygen therapy

[ ] I&Oevery shift

9. Lab: [ ] CBC [ ] Lytes

10. AP/Lateral Neck X-ray:Indicated in atypical cases such as child > age 6, suspected foreign

body or unresponsive to therapy

11. Respiratory: Use croup score (below)

|  |
| --- |
| **Croup Score** |
| Respiratory Finding | 0 | 1 | 2 |
| Inspiratory Breath Sounds | Normal | Harsh with rhonchi | Delayed |
| Stridor | None | Inspiratory | Inspiratory & Expiratory |
| Cough | None | Hoarse cry | Bark |
| Retractions & Nasal flaring | None | Substernal | Substernal & intercostals |
| Cyanosis(O2 sat < 95%) | None | In room air | FiO2 = 40% |

[ ] If score > 5, notify MD

[ ] If score 2 or greater: continue oximetry; racemic epinephrine (2.25%) nebulizer

[ ] 0.25 mL in 3 mL normal saline if < 1 year old or less than 20 kg

[ ] 0.50 mL in 3 mL normal saline if > 1 year old

[ ] May repeat dose every 4 hrs; notify MD if child needs more frequent doses

[ ] O2 @ 2-4 L/min via nasal cannula or face mask to keep O2 sat > 95%

12. Medications: [ ] Decadron \_\_\_\_\_\_\_\_\_mg IM now (0.6 mg/kg body weight)

 OR

 [ ] Decadron elixir 0.5 mg/5mL \_\_\_\_\_\_\_\_mg PO now (0.6 mg/kg body weight)

 OR

[ ] Prelone elixir 12 mg/mL \_\_\_\_\_\_\_\_mg PO BID for \_\_\_\_\_\_\_\_ days (1 mg/kg/dose)

[ ] Tylenol \_\_\_\_\_\_\_mg PO or PR every 4 hrs prn; temp > 100.4 (10-15 mg/kg/dose)

 OR

 [ ] Motrin \_\_\_\_\_\_\_mg PO every 6 hrs prn; temp > 100.4 (10 mg/kg/dose)

13. IV:[ ] No IV required

 [ ] Bolus with \_\_\_\_\_\_\_mL normal saline over 1-2 hrs (10-20 mL/kg bolus)

[ ] Maintenance IV with Dextrose 5% in 1/4 normal saline @ \_\_\_\_\_\_\_mL/hr; add 20 mEq KCL after first void

14. Other orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **CVA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: CVA

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other \_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest [ ] Bed rest with bedside commode [ ] Bathroom privileges with assistance

8. Nursing: [ ] Vital signs with neuro checks every 4 hrs for 24 hrs then per routine

[ ] Notify MD for: BP systolic < 90 or > 180 or > 105 diastolic; P < 60 or > 120; declining mental status or worsening of neurological symptoms

[ ] Weight on arrival

[ ] I&O every shift

[ ] O2 @ 2, 4, 6 L/min via NC or FM

[ ] Check pulse ox on arrival and prn to maintain O2 sat > 92%

9. Medications: [ ] ASA 81 mg PO daily

[ ] Folate 1 mg PO daily

10. IV: [ ] Dextrose 5% in 1/2 normal saline with 20 mEq KCl/L at 80mL/hr

[ ] Hep lock

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] Admission: CBC, PT/INR, comp met profile, cardiac profile

[ ] a.m.: lipid profile, TSH

12. Diagnostic Studies: [ ] CT Head without contrast (if not done in ER)

[ ] ECG (if not done in ER)

[ ] Portable CXR (if not one in ER)

[ ] Echocardiogram-to be ready by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Consult: [ ] PT evaluation

[ ] OT evaluation

[ ] Speech/swallow evaluation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **DIABETIC KETOACIDOSIS ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Diabetic Ketoacidosis

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO for 12 hrs, then CL as tolerated; progress to 2,000 calorie ADA as tolerated

7. Activity:[ ] Bed rest with bathroom privileges ad lib, beginning tomorrow if stable

8. Nursing: [ ] BP

[ ] Pulse and respiratory every 1 hr X6, every 2 hrs X3, then every 4 hrs if stable

[ ] T every 4 hrs

[ ] I&O every 1 hr X6, every 4 hrs X3, then daily

[ ] Notify MD for: T > 39 C; P < 60 or > 130; BP < 90/60 or > 170/110;all lab results

9. Medications: [ ] Regular insulin (0.1 units/kg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_units IV bolus, then regular insulin infusion (0.1 units/kg/hr) \_\_\_\_\_units/hr

[ ] Lantus insulin if takes @ home \_\_\_\_\_\_units SQ at bedtime

[ ] Other: consider additional KCl if K+ normal or low

10. IV: [ ] 1000 mL normal saline at 1000 mL/hr

[ ] 1000 mL normal saline with 20 mEq KCl at 500 mL/hr (add KCl after patient voids)

 [ ] 1000 mL normal saline with 20 mEq KCl at 500 mL/hr

 [ ] 1000 mL 1/2 normal saline with 20 mEq KCl at 250 mL/hr

[ ] Change IVF to 1000 mL Dextrose 5% in 1/2 normal saline with 20 mEq KCl at 250 mL/hr when glucose < 250 mg/dl

11. Lab: [ ] Basal metabolic profile on admission and 4, 8, and 12 hrs after admission

[ ] Serum ketones with first, second and third blood draw

[ ] Hemogram, UA, urine C&S

[ ] ABGs on admission

[ ] Serum osmolality, PO4, Mg and Ca at admission

12. Mg If Mg and PO4 are low, supplement Magnesium first

|  |  |  |
| --- | --- | --- |
| **If Mg** | **Supplement** | **IV Piggyback Over** |
| 1.4-1.8 mg/dL | 1 g MgSO4 | 30 minutes |
| < 1.4 mg/dL | 2 g MgSO4 | 30-60 minutes |

13. PO4: [ ] With all IV PO4 supplementation, check calcium every 4 hrs

[ ] After all infusions, complete immediately, check PO4 level

[ ] If calcium supplementation necessary, do not give in same IV line as PO4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If PO4** | **Supplement** | **With** | **In** | **Over** |
| 1.0-1.8 mg/dL | Orally, if possible | Milk or neutra-phos |  |  |
| 0.5-1.0 mg/dL | IV | 0.08 mM/Kg KPO4 | 250 cc NS | 4 hrs |
| < 0.5 mg/dL | IV | 0.16 mM/Kg KPO4 | 250 cc NS | 4 hrs |

14. Other: [ ] If pH < 7.1, then add 1 amp (44mEq) of NA bicarbonate to bag

[ ] Normal saline every 2 hrs until pH > 7.1 ABG every 4 hrs (if treating with bicarbonate)

[ ] Consider DVT prophylaxis with Lovenox 40 mg sq daily

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **DVT (LOVENOX THERAPY) ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Diagnosis:Deep Vein Thrombosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lower extremity

 Contributing Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition:[ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Activity: [ ] Bed rest with bathroom privileges; elevate affected leg while in bed.

7. Diet: [ ] Regular [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; note Coumadin food interactions

8. Nursing: [ ] Vital signs:every 4 hrs X2, then every shift

[ ] Notify MD for: T > 101 PO; P < 55 or > 120 bpm; systolic BP < 90 or > 180; diastolic BP > 120

[ ] Admission weight

[ ] Assess size, color, temp and pulses of lower extremities each shift

[ ] Notify MD of changes from baseline

9. Medications: [ ] Enoxaparin (Lovenox) 1 mg/kg body weight subcutaneously now and BID

[ ] Coumadin 5 mg PO now and then daily

[ ] Tylenol 325 mg 1-2 PO every 4-6 hrs prn pain or fever

[ ] MOM 15-30 mL every 12 hrs prn constipation

[ ] No NSAIDS, ASA or IM injections

[ ] Other medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] IV lock; flush per routine

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Labs[ ] PT/INR, PTT, CBC, basal metabolic profile on admission if not already done.

[ ] PT/INR every morning

12. Other Orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CVT Outpatient Screening Criteria: To be completed by admitting MD/NP

INCLUSION CRITERIA (All answers must be yes)

1. Acute, symptomatic, proximal or distal DVT documented YES NO

 by venogram/Doppler U/S.

 2. Patient agrees to outpatient therapy. YES NO

 EXCLUSION CRITERIA (All answers must be no)

1. Current, active bleeding, active peptic ulcer disease, YES NO

congenital or acquired bleeding disorder or disease process

in which, in the judgment of the physician, there may be an

increased risk of bleeding (e.g., hepatic or renal insufficiency,

recent surgery or stroke).

 2. Concurrent symptomatic pulmonary emboli. YES NO

 3. Expected hospitalization greater than five days due YES NO

 to co-existing conditions.

 4. Known hypercoagulability: familial or acquired. YES NO

 5. Pregnant or breast-feeding. YES NO

6. Uncontrolled hypertension. YES NO

 7. Extensive iliofemoral DVT. YES NO

8. Likelihood of non-compliance due to cognitive limitations, YES NO

alcohol/drug abuse, dementia, psychiatric disorders, etc.

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECISION

[ ] Patient meets criteria for outpatient Lovenox therapy. Begin patient education. [ ] Lovenox self-administration and anticoagulation precautions.

 [ ] Patient does not qualify for outpatient Lovenox therapy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **DVT DISCHARGE**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Discharge home on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Discharge Diagnosis:DVT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lower extremity

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Condition:Stable

4. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Activity: [ ] As tolerated

[ ] Elevate affected leg as much as possible

[ ] No driving or prolonged standing

7. Medications: [ ] Lovenox \_\_\_\_\_\_\_mg subcutaneously BID for \_\_\_\_\_\_\_days.

(Provide patient with prescription for Lovenox or call the pharmacy. Lovenox is dispensed in prefilled syringes in the following doses: 30 mg, 40 mg, 60 mg, 80 mg, 100 mg. There are no pre-authorization requirements.)

[ ] Coumadin \_\_\_\_\_\_\_mg by mouth every day

[ ] Additional medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Patient Education: [ ] Lovenox self-injection

[ ] Dietician counseling for food-drug interactions

[ ] Signs and symptoms of abnormal bleeding that need to be reported

[ ] Avoidance of NSAID medications (aspirin, ibuprofen, Aleve, etc.)

9. Follow-up: [ ] Appointment on \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_a.m./p.m.

[ ] Call for an appointment in the next 3 days

[ ] Call for an appointment with Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the next \_\_\_\_\_ days

10. Other: Please fax the attached Coumadin Clinic Referral.

Please fax the attached Discharge Summary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **ENDOMETRITIS ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

3. Admitting Diagnosis: Post-Partum Endometritis

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges [ ] Up ad lib

8. Nursing: [ ] Vital signs every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: T > 101.5, P > 120, BP <90/60 or >180/110

[ ] Daily weight

[ ] I&O

9. Medications: [ ] Unasyn 3 mg IVPB every 6 hrs

[ ] Clindamycin 900 mg IVPB every 8 hrs (if patient PCN sensitive)

If patient is toxic add to the above:

[ ] Gentamycin 80 mg IVPB every 8 hrs obtain trough before 4th dose

OR

[ ] Metronidazole 15 mg/kg load = \_\_\_\_\_\_\_\_\_\_ mg x 1 dose and Metronidazole 7.5 mg/kg (up to 500 mg) =\_\_\_\_\_\_\_\_\_\_mg IVPB every 8 hrs

[ ] Tylenol 500 mg 2 tabs PO every 4 hrs prn fever/pain

[ ] Prenatal vitamin 1 PO daily if breast-feeding

10. IV: [ ] IV lock; flush per routine

[ ] IV \_\_\_\_\_\_\_\_\_\_ at mL/hr

11. Lab: [ ] Admission: CBC, basal metabolic profile

[ ] Culture: [ ] lochia [ ] blood x2 [ ] urine [ ] abdominal incision

[ ] Daily CBC

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **HIV PNEUMONIA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Medical floor [ ] ICU

2.Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

3. Admitting Diagnosis:HIV Pneumonia

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5.Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.Diet:[ ] Regular as tolerated

7.Activity:[ ] Bed rest with bathroom privileges with assistance

 [ ] Respiratory Isolation

8. Nursing:[ ] Every \_\_\_\_\_\_ hrs

[ ] Notify MD for: T > 102; P < 60 or > 120; paleo oxygen < 90%; increased respiratory distress; BP < 90/160 > 180/110; decreased LOC

[ ] Pulse ox @ bedside continuously initially

[ ] PPD with anergy panel

9. Medications:[ ] O2 @ 2, 4, 6 L/min via NC or FM to keep pulse O2 > 92%

TMP-SMX doses:

[ ] Mild-moderate PCP (P9O2 > 70 mmHg) give TMP-SMX ds 2 tabs PO every 8 hrs

[ ] Severe PCP (P9O2 < 70 mmHg) TMP-SMX (5 mg/kgIV of trimethoprim) every 8 hrs, plus Prednisone 40 mg PO bid x 5 days, then 20 mg PO bid x 5 days, then 20 mg PO every day

Alternatives:

[ ] Mild-moderate PCP: atovaquone suspension 750 mg PO bid, clindamycin 300-450 mg q/d and primaquine 15-30 mg PO every day, dapsone 100 mg PO every day and trimethoprim 5 mg/kg PO tid, pentamidine 3 mg/kg/day

[ ] Severe PCP alternatives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] Admission

[ ] A.M.

[ ] Daily

12. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Other Orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

# **HYPERKALEMIA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Monitored bed [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Hyperkalemia

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Up in chair as tolerated [ ] Up ad lib

8. Nursing: [ ] Vital signs with neuro checks every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: P < 50 or > 120, BP < 90/60 or > 180/110, R < 12 or > 28, T > 101.5, neuro changes

[ ] Weight: on admission, then daily

[ ] I&O every shift

[ ] Continuous cardiac monitoring

[ ] Arrhythmia protocol

9. Medications: Special medications:

[ ] Calcium gluconate*:* 10% 5-10 mL IV over 2-5 min; 2nd dose may be given in 5 min, may repeat every 1 hr prn; if dig toxicity suspected, give over 30 min or omit

[ ] NaHCO3 (sodium bicarbonate):one amp of 7.5% IV over 5 min (give after calcium in separate IV), repeat in 10-15 min followed by 1-2 amps added to D5W titrated over 2-4 hrs

[ ] Insulin:10 units regular in 500 mL Dextrose 10% in water OR10 units IVP with 1 amp 50% glucose (25 mg) over 5 min; repeat as needed every 3 hrs

[ ] Kayexalate*:* 15-50 mg in 100 mL of 20% sorbitol solution PO now and 3-4 hrs; up to 4-5 doses/day ORkayexalate retention enema 25-50 mg in 200 mL of 20% sorbitol; retain for 30-60 min (may use cleansing enema before)

[ ] Furosemide*:* 40-80 mg IV daily

Consider discontinuing NSAIDS, ACEI, beta-blockers, K-sparing diuretics

Other Medications:

[ ] Tylenol 500 mg 1 or 2 PO every 4-6 hrs prn pain, T > 101

[ ] Maalox 15-30 mL PO every 4 hrs prn indigestion

[ ] MOM 30 mL PO every 12 hrs prn constipation

[ ] Ambien 10 mg PO at bedtime prn insomnia

10. IV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] Admission: hemagram, Mg, basal metabolic profile

[ ] Daily: K+ every 4-6 hrs, urinalysis with Micro, Osm, Na, K, Bicarb, Cl

[ ] Consider serum lactate, sickle prep, retic count, cortisol, renin, aldosterone, urine myoglobin and 24 hrs urine K, Na, Cr, Prot, cortisol

12. Consider: DVT prophylaxis with Lovenox 40 mg sq daily

13. Other Orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**HYPERNATREMIA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Hypernatremia

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Activity: Bed rest and up in chair as tolerated

7. Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Nursing: [ ] Notify MD for T > 101, BP > 190/100 or < 90/60, neuro changes

9. IV:Hypovolemic:

[ ] \_\_\_\_\_\_\_\_\_ normal saline IV @ 500 mL/hr until orthostasis resolves, then Dextrose 5% in water (if hyperosmolar) or Dextrose 5% in 1/2 normal saline (if not Hyperosmolar) IV @ \_\_\_\_\_\_\_\_\_\_ mL/hr

Hypervolemic:

[ ] Lasix 80 mg IV/PO daily

[ ] Dextrose 5% in water @ \_\_\_\_\_\_\_\_\_\_\_ mL/hr

10. Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] Comp met profile

 [ ] UA

 [ ] Urine NA

 [ ] TSH

 [ ] Urine OSM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**HYPOKALEMIA ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Monitored bed [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Hypokalemia

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges [ ] Up ad lib

8. Nursing: [ ] Vital signs with neuro checks every 4 hrs for 24 hrs then every shift

[ ] Continuous cardiac monitoring; arrhythmia orders

[ ] Notify MD for: T > 101.5; P > 120; BP < 90/60 or > 180/110; presence of any muscle weakness, hyporeflexes, paresthesias or arrhythmias

[ ] Daily weight

[ ] I&O

9. IV/Medications: If serum K+ >2.5 and ECG changes are absent:

[ ] Potassium chloride 10 mEq in 100 mL normal saline IVPB over 1 hr, times \_\_\_\_doses

[ ] IV fluids \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with 40 mEq KCl/L @ \_\_\_\_\_\_\_\_\_\_mL/hr

Note: Patient must be on continuous cardiac monitoring; hospital policy prohibits potassium rider/aliquots to exceed 20 mEq/100mL/hr

If serum K+ <2.5 and /or ECG changes are present:

[ ] Potassium chloride 20 mEq in 100 mL NSS IVPB over one hr, times \_\_\_\_doses

[ ] IV fluids \_\_\_\_\_\_\_\_\_\_\_\_ with 40 mEq KCl/L @ \_\_\_\_\_\_\_\_mL/hr

[ ] Potassium chloride 40 mEq every \_\_\_\_hrs

[ ] Maalox 30 mL PO every 4 hrs prn indigestion

[ ] MOM 30 mL PO every 12 hrs prn constipation

[ ] Tylenol PO every 4 hrs prn pain/fever

[ ] Ambien 10 mg PO at bedtime prn insomnia

[ ] Consider Lovenox 40 mg sc daily

10. Lab: [ ] Admission: hemogram, comp met profile, Mg, calcium, TSH, urinalysis, urine osmo, Na, K+, Cl, bicarb

[ ] Serum potassium every \_\_\_\_\_\_ hrs

[ ] Consider: serum cortisol, renin, aldosterone, urine myoglobin, 24 hrs urine K+, Na, creat, protein, cortisol

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

### HYPONATREMIA ADMISSION ORDER

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical bed [ ] Telemetry [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Hyponatremia

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bathroom privileges with assistance

8. Nursing: [ ] Orthostatic VS every 4 hrs until stable x4, then every shift

[ ] Notify MD for: T > 101, BP < 90/60 or > 190/100, neuro changes

9. IV: Hypovolemic:

[ ] \_\_\_\_\_\_ normal saline IV @ 500 mL/hr until orthostasis resolves, then

[ ] Dextrose 5% normal saline (if hyperosmolar) at \_\_\_\_\_\_ mL/hr

OR

[ ] Dextrose 5% in 1/2 normal saline (if not hyperosmolar) at \_\_\_\_\_\_\_\_\_ mL/hr

Hypervolemic:

[ ] Lasix 80 mg IV/PO daily

[ ] Dextrose 5% in water at \_\_\_\_\_\_\_\_\_mL/hr

10. Lab: [ ] CMP, UA, urine Na+, TSH, urine OSM, plasma osmolality and CXR on arrival daily BMP

11. Consider: [ ] DVT prophylaxis with Lovenox 40 mg SQ daily

[ ] D/C medications that could contribute to hyponatremia (i.e., diuretics, Tegretol, SSRI, amiodarone, theophylline)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**INTRACTABLE HEADACHE ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:23 hr observation

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Intractable Headache

 Contributing Diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: Regular, but no caffeine

7. Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Nursing: Notify MD for: T > 100, P < 60 or > 120, BP < 90/60 or > 170/110

9. Medications: [ ] No analgesics

[ ] No narcotics

[ ] Reglan 10 mg IV followed by DHE 0.5 mg IV

Then every 8 hrs give Reglan 10 mg IV followed by DHE 1 mg IV until patient is 100% HA free X 24-48 hrs (HA scores = 0)

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: Heplock

11. Lab: Hemogram, basal metabolic profile

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**LOWER GI BLEED ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Medical [ ] Telemetry [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Lower GI Bleed

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO except meds [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges with assistance

8. Nursing: [ ] ICU: per routine

[ ] Medical: every 1 hr until stable X4, then every 2 hrs until stable X4, then every 4 hrs

[ ] Notify MD for: BP < 90/60 or > 180/110, P < 60 or > 120, urine output < 30 cc/hr over 4 hrs, all H/H results

9. Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] Bolus normal saline \_\_\_\_\_\_\_\_\_\_\_cc over \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Dextrose 5% normal saline with 20 mEq KCl/L @ \_\_\_\_\_\_\_\_\_\_mL/hr total

11. Lab: [ ] Hemogram, comp met profile, PT/PTT/INR on admission

[ ] HH every 6 hrs X24 hrs

[ ] Type and screen for \_\_\_\_units PRBC

12. Other: Have patient signinformed consent form for blood transfusion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**NEUTROPENIC FEVER ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The Neutropenic fever patient is defined as a single oral temperature of > 38.3 C (101 F) x 1 in the absence of an obvious environmental source or a temperature of > 38.0 C (100.4 F) for > 1 hr in a patient whose Absolute Neutrophil Count (ANC = (% polys + % bands) x WBC) is equal to or less than 100 mm3. This patient should be considered in an emergency state.

1. Status:[ ] Oncology Ward

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Neutropenic fever

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] Regular diet with no fresh fruits or vegetables

7. Activity: [ ] Bed rest with bathroom privileges with assistance

8. Nursing: [ ] Vital signs: every 2 hrs X 4 then every 4 hrs X 24 hrs then every shift if stable

[ ] No plants in the room

[ ] StrictI&O

9. Medications:Start immediately after blood cultures drawn:

Option 1

[ ] Start cefepime 2 gm IV every 8 hrs

[ ] For patients with renal insufficiency:

* CrCl 30-60 mo/min: 2 gm IV every 12 hrs
* CrCl 11-29 mL/min: 2 gm IV every 24 hrs
* CrCl < 10 mL/min: 1 gm IV every 24 hrs

DO NOT GIVE to patients with a history of anaphylaxis to penicillin

If a patient has a non-life threatening allergic reaction to penicillin (pruritis, rash, etc.), cefepime may be given

Option 2

[ ] If patient had anaphylaxis to a penicillin or cephalosporin: start aztreonam 2 gm IV 18h and clindamycin 900 mg IV every 8 hrs

[ ] For patients with renal insufficiency:

* CrCl 10-30 mL/min: aztreonam 2 gm x 1, then 1 gm IV every 8 hrs
* CrCl < 10 mL/min: aztreonam 2 gm x 1, then 1 gm IV every 12 hrs

[ ] If patient has any of the following: severe mucositis, obvious catheter related-infection, consider starting vancomycin

10. Lab: [ ] Blood culture X 2 from different peripheral sites

[ ] CCMS UA and urine culture and sensitivity

[ ] Gram stain and culture any suspicious area plus sputum if producing

[ ] Daily CBC’s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

### ACUTE PANCREATITIS ADMISSION ORDER

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Admission [ ] Medical floor [ ] Monitored bed [ ] ICU2. Attending:Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_3. Admitting Diagnosis: Acute Pancreatitis Associated Diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical5. Allergies: **\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. Diet: [ ] NPO [ ] NG tube to low suction; irrigate prn7. Activity: [ ] Bed rest [ ] Bed rest with bathroom privileges with assistance [ ] Up ad lib

8. Nursing: [ ] Vital signs and temperature every 4 hrs

[ ] Notify MD if: systolic BP < 90 or > 180; temperature > 101.5 PO; pulse < 55 bpm or > 120 bpm

[ ] I&O

[ ] Daily weights

9. IV: [ ] Normal saline @ 250 mL/hr x 2 L, then D5

[ ] Normal saline with 20 mEq KCl/L [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Lab: Admission: CBC, comp met profile, amylase, lipase, UA, PT/INR In a.m.: Lipid profile, amylase, CBC, basal metabolic profile Daily: CBC, basal metabolic profile, amylase every a.m.11. Medications: [ ] Meperidine 25-100 mg slow IVP every 2-4 hrs prn for pain [ ] Protonix 40 mg IV daily [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12. Radiology:[ ] Acute abdominal series [ ] CXR-PA and Lat if not done [ ] Ultrasound RUQ-Pancreatitis [ ] CT abdomen with and without contrast 13. Consider: [ ] GI consult [ ] Lovenox \_\_\_\_\_\_\_mg subcutaneously daily for DVT prophylaxis [ ] Blood cultures X 2 if febrile14. Other Orders: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud R. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: XX-XX; http://www.aafp.org/fpm/20060800/XXprov.html.

### PARTIAL SMALL BOWEL OBSTRUCTION ADMISSION ORDER

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Surgical [ ] Medical floor [ ] Observation [ ] Admission

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Partial Small Bowel Obstruction

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: NPO

7. Activity: Bed rest with bathroom privileges with assistance

8. Nursing: [ ] Vital signs: every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: T > 101.5, P > 120, BP < 90/60 or > 180/110

[ ] NG tube to low continuous suction

[ ] I&O

9. Medications:[ ] Demerol 25-50 mg slow IVP every 3-4 hrs prn pain

 [ ] Phenergan 12.5 mg slow IVP every 3-4 hrs

10. IV: [ ] Dextrose 5% normal saline with 20 mEq KCl @ 125 mL/hr

[ ] Bolus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Replace NG output mL per mL with \_\_\_\_\_\_ normal saline every 12 hrs

11. Lab: [ ] Daily hemogram, basal metabolic profile in a.m.

12.Other: [ ] X-ray: acute abdominal series if not done in ER/clinic

[ ] Surgical consult as indicated (complete obstruction)

[ ] Consider DVT prophylaxis with Lovenox 40 mg sq daily

[ ] Consider gastrografin UGI with small bowel follow-through after 24-26 hrs of NG suction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**PEDIATRIC VOMITING/DIARRHEA/DEHYDRATION ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: Pediatric Floor: [ ] Observation [ ] Admission

2. Attending:Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Pediatric vomiting/diarrhea/dehydration

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Activity: [ ] Crib [ ] Bassinet [ ] Bed

7. Diet: [ ] NPO [ ] Formula/Breast [ ] Age appropriate diet as tolerated

8. Nursing: Vital signs: every 4 hrs

9. Medications: [ ] Tylenol (10 mg/kg) \_\_\_\_\_\_\_ PO/PR every 4 hrs prn T > 101

[ ] Phenergan 12.5-25 mg PR 1 6-8 hrs prn n/v

10. IV:Replacement (mls) = % X wt (kg):

[ ] Replacement 1/3 over first 4 hrs with Dextrose 5% in 1/2 normal saline

[ ] Replacement 1/3 over second 8 hrs with Dextrose 5% in 1/2 or 1/4 normal saline

[ ] Replacement 1/3 over third 12 hrs with D5.2 normal saline

[ ] Replace in addition to maintenance

|  |
| --- |
| **Estimate % dehydration** |
| Mild | 5% | Decreased tearing |
| Moderate | 7% | Dry mouth |
| Severe | 10% | Skin tents |

|  |
| --- |
| Maintenance |
| 100 mL/kg/day | < 10 kg |
| 50 mL/kg/day | 10-20 kg |
| 20 mL/kg/day | > 20 kg |

11. Lab: [ ] Basal metabolic profile, CBC UA on admission; basal metabolic profile in a.m.

 [ ] Stool for rotazyme, routine culture, O&P, yersinia

12.Call MD for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**PELVIC INFLAMMATORY DISEASE ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Observation [ ] Admission [ ] Medical floor

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

3. Admitting Diagnosis:Pelvic Inflammatory Disease

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: Routine as tolerated

7. Activity: Bed rest with bathroom privileges

8. Nursing: [ ] Vital signs: every shift

[ ] Notify MD for: T > 102.5; P > 120 and < 60; BP < 90/60 and > 180/110

9. Medications: [ ] Cefotetan 2 gm IVPB every 23 hrs

 OR

[ ] Cefoxitin 2 gm IVPB every 6 hrs plus doxycycline 100 mg IV/PO every 12 hrs

 OR

[ ] Clindamycin 900 mg IVPB every 8 hrs plus Gentamicin 7 mg/kg IVPB over 1 hr per day (adjust dose according to normagram)

OR

[ ] Unasyn 3 grams IVPB every 6 hrs plus Doxycycline 100 mg IV/PO every 12 hrs

[ ] Vicodin 1-2 PO every 6-8 hrs prn pain

[ ] Ambien 10 mg PO @ bedtime prn insomnia

[ ] Phenergan 12.5-25mg SIVP every 6-8 hrs prn nausea/vomiting

[ ] Tylenol 500 mg 1-2 every 6-8 hrs prn fever or pain

[ ] MOM 30 mL PO every 12 hrs prn constipation

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] Dextrose 5% in 1/2 normal saline @ 125 mL/hr

11. Lab: [ ] CBC, UA, urine HCG, basal metabolic profile

 [ ] Gentamicin level 6-14 hrs after initial infusion if using once a day

 [ ] Gentamicin dosing

 [ ] Cervical swab for GC/Chlamydia

 [ ] Hemogram daily in a.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

### PYELONEPHRITIS ADMISSION ORDER

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Monitored bed

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis: Pyelonephritis

 Associated Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

 Code Status: [ ] Full Code [ ] DNR

5. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO [ ] Clear liquid [ ] AHA step 2 [ ] ADA \_\_\_\_\_\_ calories

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: [ ] Bed rest with beside commode [ ] bathroom privileges [ ] Up ad lib

8. Nursing: [ ] Vital signs every 4 hrs for 24 hrs then every shift

[ ] Notify MD for: T > 101.5, P > 120, BP < 90/60 or > 180/110

[ ] Daily weight

[ ] I&O

9. Medications: [ ] Levaquin 500 mg IV every 24 hrs

[ ] Tylenol 650 mg PO every 4 hrs prn temp > 100/pain

[ ] Phenergan 25 mg IV/IM every 4 hrs prn nausea

[ ] Demerol 50 mg IM every 4 hrs prn pain

[ ] If toxic: consider adding Gentamycin (7mg/kg/day) IVP; adjust for renal dose if indicated

10. IV: [ ] Dextrose 5% in 1/2 normal saline @ 100 mL/hr

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Lab: [ ] Admission: blood cultures x2 prior to antibiotics, CBC, UA, urine culture, basal metabolic profile

[ ] Daily: CBC

12. Other: [ ] If history of stones or recurrent pyelo consider IVP or renal ultrasound

[ ] DVT prophylaxis with Lovenox 40 mg sc daily

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

**SEIZURE DISORDER ADMISSION ORDER**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status: [ ] Observation [ ] Admission [ ] Medical floor [ ] Telemetry [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Seizure Disorder

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Activity: Bed rest with seizure precautions

8. Nursing: [ ] Vital signs: every 2 hrs with neuro checks until stable X4, then every 4 hrs

[ ] Notify MD for: T > 100, BP < 90/60 or > 170/110, seizures, Glasgow coma scale < 15

9. Medications:Dilantin loading options:

[ ] PO Dilantin \_\_\_\_\_\_\_\_\_\_mg (15 mg/kg) every 4 hrs X3 doses

OR

[ ] IV Dilantin 50 mg/min; IVP to total of \_\_\_\_\_\_\_mg (18 mg/kg) then begin Dilantin 300 mg PO daily

 OR

[ ] Fosphenytoin-load (10-20 PE/kg)

[ ] Ativan 2-4 mg slow IVP over 10 min prn active seizures lasting more than 3 min

[ ] Tylenol 650 mg PO every 4-6 hrs prn fever or pain

[ ] MOM 30 mL PO every 12 hrs prn constipation

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Lab: [ ] Hemogram

[ ] Comp met profile

[ ] VDRL

[ ] Urine Toxicologyscreen for “drugs of abuse”

11. Other: [ ] MRI of head with and without contrast for “new onset seizures, R/O mass, lesion”

[ ] EEG for “new onset seizures”; to be read by neurologist

12. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.

### UPPER GI BLEED ADMISSION ORDER

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Status:[ ] Observation [ ] Admission [ ] Medical floor [ ] Telemetry [ ] ICU

2. Attending: Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Admitting Diagnosis:Upper GI Bleed

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

4. Condition: [ ] Stable [ ] Fair [ ] Serious [ ] Critical

5. Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diet: [ ] NPO except meds [ ] NPO including meds

7. Activity: [ ] Bed rest with bedside commode [ ] Bathroom privileges with assistance

8. Nursing: [ ] ICU: per routine

[ ] Telemetry or medical: every 1 hr until stable X4, then every 2 hrs until stable X4, then every 4 hrs

[ ] Notify MD for: BP < 90/60 or > 170/110, P < 60 or > 120, Urine output < 30 cc/hr over 4 hrs, all H/H results

[ ] If NG to suction, replace NG fluid cc for cc with NG with 20 mEq KCl every 12 hrs

9. Medications:[ ] Protonix 40 mg PO/IV every 12 hrs

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. IV: [ ] Bolus normal saline \_\_\_\_\_\_\_\_\_cc over \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Dextrose 5% normal saline with 20mEq KCl/l @ \_\_\_\_\_\_\_\_\_\_\_\_\_mL/hr

total

11. Lab: [ ] Hemogram, comp met profile, PT/PTT/INR on admission

[ ] HH every 4 hrs X3

[ ] Type and screen for \_\_\_\_units PRBC

12. Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name Date/Time

Developed by the Scott & White Clinic at College Station, Texas. Copyright © 2006 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Wiprud RM. Providing consistent care with standardized admission orders. *Fam Pract Manag*. September 2006: 49-52; http://www.aafp.org/fpm/20060900/49prov.html.