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, O_2 sat < 92%

☐ Pulse ox every 8 hrs nasal cannula/face mask to maintain O_2 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: _____

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Family Practice Management®

ACUTE MYOCARDIAL INFARCTION ADMISSION ORDER

Name: _____ Age: _____ DOB: ____/_____/ _____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Monitored bed ☐ Other _____

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Acute MI
Contributing Diagnoses: _____

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

☐ O_2 @ 2, 4, 6 L/min via nasal cannula

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

☐ 2 D Echo with Doppler flow to be read by _____

☐ Portable CXR if not done in ER

☐ 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) severy 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 ☐ Troponin I

☐ CK ☐ Comp met profile; if not done in ER

☐ CK-MB ☐ 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

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ASA OVERDOSE ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ ICU ☐ Other telemetry

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

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Family Practice Management®

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: _____

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Family Practice Management®

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
☐ O_2 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: _____

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Family Practice Management®

CONGESTIVE HEART FAILURE ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Monitored bed

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 bpm
☐ Daily weights
☐ Strict I&O
☐ O_2 via NP @ 2, 3 or 4 L/min
☐ Pulse ox check every 4 hrs and titrate O_2 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 _____
☐ ECG if not done in ER
☐ CXR: _____ Portable _____PA/Lat; Reason: CHF

13. Consult: _____

14. Patient Education: Begin CHF patient education.

15. Other Orders: _____
_____
_____

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Family Practice Management®

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 Diagnoses: _____

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. Lab: ☐ 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: _____

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Family Practice Management®

COMMUNITY ACQUIRED PNEUMONIA ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Medical floor ☐ ICU

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: 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

8. Nursing: ☐ Vital signs: every 4 hrs ☐ Spot pulse ox on room air upon arrival
☐ ABG if Pulse ox < 90% or severe respiratory distress ☐ Respiratory distress or decreased LOC
☐ Notify MD for BP < 90/60 or > 180/120; HR < 60 or > 120; T > 102.5; RR < 12 or > 28

9. IV: ☐ Dextrose 5% in 1/2 normal saline with 20 mEq KCL @ _____mL/hr
☐ IV lock; flush per routine

10. Medications: ☐ 0_2 @ 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 ☐ Sputum for gram stain, C&S and consider AFB
☐ Blood cultures x2 STAT prior to antibiotics

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 _____

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Family Practice Management®

CROUP ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Admission ☐ Observation in pediatric unit

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Croup
Associated Diagnoses: _____

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&O every 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 (O_2 sat < 95%)	None	In room air	FiO_2 = 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

☐ O_2 @ 2-4 L/min via nasal cannula or face mask to keep O_2 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

Family Practice Management®

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

☐ O_2 @ 2, 4, 6 L/min via NC or FM

☐ Check pulse ox on arrival and prn to maintain O_2 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

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Family Practice Management®

DIABETIC KETOACIDOSIS ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ ICU

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Diabetic Ketoacidosis
Contributing Diagnoses: _____

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, PO_4, Mg and Ca at admission

12. Mg: If Mg and PO_4 are low, supplement Magnesium first.

If Mg	Supplement	IV Piggyback Over
1.4-1.8 mg/dl	1 g $MgSO_4$	30 minutes
< 1.4 mg/dl	2 g $MgSO_4$	30-60 minutes

13. PO_4: ☐ With all IV PO_4 supplementation, check calcium every 4 hrs

☐ After all infusions, complete immediately, check PO_4 level

☐ If calcium supplementation necessary, do not give in same IV line as PO_4

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

If PO_4	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 KPO_4	250 cc NS	4 hrs
< 0.5 mg/dl	IV	0.16 mM/Kg KPO_4	250 cc NS	4 hrs

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Family Practice Management®

DVT DISCHARGE

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Discharge home on _____

2. Attending: Dr: _____ phone: _____-_____

3. Discharge Diagnosis: DVT _____ lower extremity
Other: _____

4. Condition: ☐ Stable ☐ Fair ☐ Serious ☐ Critical

5. Allergies: _____

6. Diet: _____

7. Activity:
☐ As tolerated
☐ Elevate affected leg as much as possible
☐ No driving or prolonged standing

8. 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: _____
_____
_____

9. 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.)

10. 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

11. Other:
Please fax the attached Coumadin Clinic Referral.
Please fax the attached Discharge Summary.

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Family Practice Management®

DVT (LOVENOX THERAPY) ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Monitored bed ☐ Other _____

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Deep Vein Thrombosis _____lower extremity
Associated Diagnoses: _____

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. Lab:
☐ 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 by venogram/Doppler U/S. YES NO
2. Patient agrees to outpatient therapy. YES NO

EXCLUSION CRITERIA (All answers must be no)

1. Current, active bleeding, active peptic ulcer disease, 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). YES NO
2. Concurrent symptomatic pulmonary emboli. YES NO
3. Expected hospitalization greater than five days due to co-existing conditions. YES NO
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, alcohol/drug abuse, dementia, psychiatric disorders, etc. YES NO

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.

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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

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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: ☐ O_2 @ 2, 4, 6 L/min via NC or FM to keep pulse O_2 > 92%
TMP-SMX doses:
☐ Mild-moderate PCP (P_9O_2 > 70 mmHg) give TMP-SMX ds 2 tabs PO every 8 hrs
☐ Severe PCP (P_9O_2 < 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: _____
_____
_____

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HYPERKALEMIA ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Monitored bed ☐ Other _____

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 Dextrose 5% in water titrated over 2-4 hrs

☐ Insulin: 10 units regular in 500 mL Dextrose 10% in water OR 10 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 OR kayexalate 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

HYPERNATREMIA ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: _____

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Hypernatremia
Contributing Diagnoses: _____

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

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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: hemagram, 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

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HYPONATREMIA ADMISSION ORDER

Name: _____ Age: _____ DOB: _____/ _____/ _____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Telemetry ☐ ICU

2. Attending: Dr: _____phone: _____-_____

3. Admitting Diagnosis: Hyponatremia
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 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, tegratol, SSRI, amiodarone, theophylline)

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Family Practice Management®

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

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Family Practice Management®

LOWER GI BLEED ADMISSION ORDER

Name: _____ Age: _____ DOB: ____/____/_____ Medical record #: _____

1. Status: ☐ Medical floor ☐ Telemetry ☐ ICU

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Lower GI Bleed
Contributing Diagnoses: _____

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 sign informed consent form for blood transfusion.

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Family Practice Management®

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 mm^3. This patient should be considered in an emergency state.

1. Status: ☐ Oncology ward

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Neutropenic Fever
Contributing Diagnoses: _____

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

☐ Strict I&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

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Family Practice Management®

ACUTE PANCREATITIS ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. **Status:** ☐ Admission ☐ Medical floor ☐ Monitored bed ☐ ICU
2. **Attending:** Dr: _____ phone: _____-_____
3. **Admitting Diagnosis:** Acute Pancreatitis
   Associated Diagnoses: _____
4. **Condition:** ☐ Stable ☐ Fair ☐ Serious ☐ Critical
5. **Allergies:** _____
6. **Diet:** ☐ NPO ☐ NG tube to low suction; irrigate prn
7. **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 febrile
14. **Other Orders:** _____

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Family Practice Management®

PARTIAL SMALL BOWEL OBSTRUCTION ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Surgical

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Partial Small Bowel Obstruction
Contributing Diagnoses: _____

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

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Family Practice Management®

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 Diagnoses: _____

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: _____

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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
Associated Diagnoses: _____

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 Gentamycin 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 mgIV/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 feveror 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/Chlaydia

☐ Hemogram daily in a.m.

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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

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Family Practice Management®

SEIZURES ADMISSION ORDER

Name: _____ Age: _____ DOB: ____ /____ /____ Medical record #: _____

1. Status: ☐ Observation ☐ Admission ☐ Medical floor ☐ Monitored bed ☐ Telemetry ☐ ICU

2. Attending: Dr: _____ phone: _____-_____

3. Admitting Diagnosis: Seizures
Contributing Diagnoses: _____

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, glascow 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 QD
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 Toxicology screen 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: _____

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Family Practice Management®

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 Diagnoses: _____

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

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