

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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Diagnosis: _____

Allergies with reaction type: _____

**Admission Comprehensive
Patient Placement**

Version 8 02/06/18

Patient Status

- If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.
 - Admit to inpatient: ****I certify that:**
 Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations.
 Services ordered are appropriate for the inpatient setting.
 It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.
 The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.
 The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.
 - Observation services
 Observation reason:
 Patient may require further evaluation to determine whether an inpatient admission is medically necessary [] Yes [] No
 Patient's symptoms are anticipated to improve quickly with medical management [] Yes [] No
 - Comfort care only [] Yes [] No
 - Attending Provider: _____

Preferred Location/Unit

- ICU
- PCVU
- General Medical
- Surgical
- Ortho/Neuro
- Oncology
- Med Safe

Code Status:

- Full Code DNR
- Limited DNR Status
 - No intubation, mechanical ventilation
 - No chest compressions
 - No emergency medications or fluid
 - No defibrillation, cardioversion
 - No _____

Activity

- Ambulate Ad Lib
- Ambulate TID
- Out of bed with assistance
- Up to chair
- Other: _____
- Bed rest with bathroom privileges
- Bed rest with bedside commode
- Bed rest

Nursing Orders

- Vital signs per unit standard Vital signs non unit standard _____
- Vital signs, orthostatic once a day
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime
- Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- Intake and output per unit standard Intake and output STRICT Intake and output voided
- Measure weight once a day
- Initiate MRSA Testing and Treatment Protocol
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running

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Other: _____

Respiratory

- Pulse oximetry continuous
- Oxygen administration
 - Nasal Cannula at ____ Lpm and titrate to maintain Oxygen saturation greater than 90%
 - Nasal Cannula RN/RT to determine flow and titrate to maintain Oxygen saturation greater than 90%
 - Other: _____ at ____ Lpm
- Continuous positive airway pressure (CPAP) , patient may use own- as per home settings
- Other: _____

Diet

- Regular Diet
- Heart Healthy Diet
- Controlled Carbohydrate Diet
- Full Liquid Diet
- Other Diet or Diet Modifiers: _____
- Clear Liquid Diet
- NPO
- NPO at _____
- Advance diet as tolerated to goal diet of: _____

IV Placement

- Peripheral IV insert/maintain
- Saline lock with saline flush BID

IV Fluids - Generic Volume Bolus

- IV Fluid-Bolus
 - Fluid: _____
 - Volume to Infuse: _____
 - Additive: _____
 - Rate: _____
 - Duration (If rate not selected): _____

IV Fluids - Maintenance Specific Fluid

- Sodium Chloride 0.9% IV
 - ____ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.45% Sodium Chloride IV
 - ____ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.9% Sodium Chloride IV
 - ____ milliliter/hour continuous intravenous infusion
- sodium chloride 0.9% with potassium chloride 20 mEq/L IV (PREMIX)
 - ____ milliliter/hour continuous intravenous infusion
- D5-0.45% Sodium Chloride with Potassium Chloride 20 mEq/L IV (PREMIX)
 - ____ milliliter/hour continuous intravenous infusion

IV Fluids - Maintenance Generic Fluid

- Select this fluid for IV solution not listed above
- IV Fluid-Maintenance
 - Fluid: _____
 - Additive: _____
 - Rate: _____
 - Duration (If rate not selected): _____

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PROVIDER ORDERS

**Convenience Medications
Medications**

Analgesics: Non-opioids

acetaminophen (TYLENOL)

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain
- 650 milligram rectally every 6 hours as needed for mild-to-moderate pain

Antiemetics Injectable

metoclopramide (REGLAN)

- 10 milligram intravenously every 6 hours as needed for nausea/vomiting (If not relieved use Ondansetron-IF ordered)

ondansetron (ZOFRAN)

- 4 milligram intravenously every 4 hours as needed for nausea/vomiting If not relieved notify Provider

Antiemetics Oral

metoclopramide (REGLAN)

- 10 milligram orally every 6 hours as needed for nausea/vomiting (If not relieved use Ondansetron-IF ordered)

ondansetron (ZOFRAN)

- 4 milligram orally every 6 hours as needed for nausea/vomiting (If not relieved use Promethazine - IF ordered)
- 4 milligram sublingually every 6 hours as needed for nausea/vomiting (If not relieved use Promethazine - IF ordered)

promethazine (PHENERGAN)

- 12.5 milligram orally every 6 hours as needed for nausea/vomiting (If not relieved use 25 mg orally IF ordered); potentially inappropriate in patients 65 years or older
- 25 milligram orally every 6 hours as needed for nausea/vomiting (If not relieved use rectal Promethazine IF ordered); potentially inappropriate in patients 65 years or older
- 25 milligram suppository rectally every 6 hours as needed for nausea/vomiting ; potentially inappropriate in patients 65 years or older

Anxiolytic Agents

LORazepam (ATIVAN)

- 0.5 milligram orally every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused (If not able to take PO/SL use IV IF ordered)
- 0.5 milligram sublingually every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused (If not able to take PO/SL use IV IF ordered)
- 1 milligram tablet orally every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused (If not able to take PO/SL use IV IF ordered)
- 1 milligram tablet sublingually every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused (If not able to take PO/SL use IV IF ordered)
- 0.5 milligram intravenous push every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused
- 1 milligram intravenous push every 6 hours as needed for anxiety NOT related to poor pain control & Patient should be easily aroused

hydrOXYzine (ATARAX-VISTARIL)

- 25 milligram orally every 4 hours as needed for anxiety

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Sedatives for Insomnia

zolpidem (AMBIEN)

- 5 milligram orally once a day, at bedtime as needed for insomnia - May Repeat X 1 if less than 65 years of age. (potentially inappropriate in patients 65 years or older)

traZODone (DESYREL)

- 50 tablet orally once a day, at bedtime as needed for insomnia

melatonin

- 3 mg tablet orally once a day, at bedtime as needed for insomnia

Routine Bowel Care (Recommended for use with Narcotics, EXCEPT if patient had bowel surgery)

docusate sodium (COLACE)

- 100 milligram orally 2 times a day - (HOLD for loose stools)

senna s (SENOKOT-S)

- 2 tablet orally once a day (HOLD for loose Stools)

polyethylene glycol 3350 17 gram oral powder packet (MIRALAX)

- 17 milligram orally once a day IN 8 OZ (240 milliliters) OF WATER (HOLD for loose Stools)

Laxatives - PRN (Not recommended if patient had bowel surgery)

bisacodyl (DULCOLAX)

- 5 milligram orally 2 times a day as needed for constipation - (HOLD for loose stools)
- 10 milligram rectally once a day as needed for constipation - (HOLD for loose stools)

MILK OF MAGNESIA (MOM)

- 30 milliliter orally once a day as needed for constipation - (HOLD for loose stools - Not recommended with severe renal failure)

Dyspepsia

MYLANTA - OR Formulary Equivalent.

- 15-30 milliliter orally every 4 hours as needed for dyspepsia

calcium carbonate (TUMS)

- 500 milligram orally every 4 hours as needed for dyspepsia

famotidine (PEPCID)

- 20 milligram orally 2 times a day as needed for dyspepsia

Bronchodilators : Nebulized

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)

- 3 milliliter by nebulizer every 4 hours
- 3 milliliter by nebulizer every 4 hours, while awake

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer every 4 hours
- 2.5 milligram by nebulizer every 4 hours, while awake
- 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)

- 0.5 milligram by nebulizer every 4 hours
- 0.5 milligram by nebulizer every 4 hours, while awake

Laboratory

- Please order Respiratory Viral Panel for patients being admitted for acute or suspected respiratory tract infections (pneumonia, bronchitis, viral respiratory infections or fever >100.5 with cough with unknown cause)

Admission labs or labs to be obtained now:

- | | |
|---|---|
| <input type="checkbox"/> Respiratory Viral Panel by PCR (RT to collect) | <input type="checkbox"/> Basic metabolic panel |
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Magnesium level, plasma |
| <input type="checkbox"/> Comprehensive metabolic panel | <input type="checkbox"/> Phosphorus level, plasma |

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- | | |
|--|---|
| <input type="checkbox"/> DIC SCREEN | <input type="checkbox"/> Troponin-I |
| <input type="checkbox"/> Renal function panel | <input type="checkbox"/> BLOOD CULTURE, STAT prior to antibiotics from two different sites five minutes apart |
| <input type="checkbox"/> Thyroid stimulating hormone (TSH) | <input type="checkbox"/> Culture, sputum and gram stain RT to induce |
| <input type="checkbox"/> Lipase | <input type="checkbox"/> Urinalysis (UA) with microscopy |
| <input type="checkbox"/> GLYC-HEMOGLOBIN (HGB A1C) | <input type="checkbox"/> Culture, urine |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> C DIFFICILE TOXIN BY PCR |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Blood gas study: Arterial | |

Morning Draw:

- | | |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Basic metabolic panel |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> Magnesium level, plasma |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Phosphorus level, plasma |
| <input type="checkbox"/> Comprehensive metabolic panel | <input type="checkbox"/> Lipid panel |

Radiology and Diagnostic Tests

XR Chest PA and Lateral

- now Reason for exam: _____

XR Chest Single

- now Reason for exam: _____

ECG (Electrocardiogram)

- routine Reason for exam: _____

ECHO

- routine Reason for exam: _____

CT scan

- routine _____
Reason for exam: _____

MRI

- routine _____
Reason for exam: _____

US

- routine _____
Reason for exam: _____

Consult Provider

- Provider to provider notification preferred.
 - Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [] Yes [] No
 - Consult Hospitalist

Consult Department

- Consult Care Coordination Reason for consult: _____
- PT Physical Therapy Eval & Treat Reason for consult: _____
- OT Occupational Therapy Eval & Treat Reason for consult: _____
- ST Speech Therapy Eval & Treat Reason for consult: _____
- Consult Wound/Ostomy Nurse Reason for consult: _____
Initiate Wound Care Protocol [] Yes [] No

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VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
 - Order for all **LOW** risk patients **IF** not already ordered.
 - Ambulate 3 times a day
- MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)
- HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- Prophylaxis already addressed post-operatively- See post-op orders

> Pharmacological VTE Prophylaxis

- Order for **MODERATE** and **HIGH** risk patients unless contraindicated

- No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute

- Active hemorrhage or high risk for hemorrhage
- Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- Craniotomy in last 2 weeks
- Intracranial hemorrhage in 12 mos.
- Intraocular surgery in last 2 wks
- GI, GU hemorrhage in last 30 days
- Thrombocytopenia (< 50,000)
- Coagulopathy (PT > 18 sec)
- Active intracranial lesions/ neoplasms
- Hypertensive emergency
- Post-op bleeding concerns
- Scheduled to return to OR in the next 24 hrs
- Epidural catheters or spinal block
- End stage liver disease

OTHER: _____

Medications

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours
- 5,000 unit subcutaneously every 8 hours

- Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min

Other Medication: _____

Laboratory

- CBC without differential every 3 days IF pharmacological prophylaxis is ordered

> Mechanical VTE Prophylaxis

- Order for **HIGH** risk patients and **MODERATE** risk patients without pharmacological prophylaxis

- No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- Bilateral lower extremity amputee
- Bilateral lower extremity trauma
- Other: _____

Intermittent pneumatic compression

- Sequential compression device (SCD)
- Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- knee high
- thigh high

Provider Signature: _____ Date: _____ Time: _____