

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Transition from the Emergency Department

Version 2 1/27/15

Patient Placement

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.
 Diagnosis: _____
 - Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
 - Comfort care only [] Yes [] No
 - Attending Provider: _____

Preferred Location/Unit

- ICU
- PCU
- General Medical
- Surgical
- Ortho/Neuro
- Oncology
- Observation Unit

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

- Up ad lib
- Up with Assistance
- Bed rest with bathroom privileges
- Bed rest
- Other Activity Orders: _____

Nursing Orders

- Notify Attending Provider of patient's room number at _____ (time) or upon arrival on unit.
- Notify Attending Provider for any change in patient's status or for any questions
- Vital signs per unit standard
- Intake and output per unit standard
- Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- Initiate MRSA Testing and Treatment Protocol
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime
- Other Nursing Orders: _____

Respiratory

Oxygen administration

- Nasal Cannula RN/RT to determine flow and titrate to maintain Oxygen saturation greater than 90%
- Other RT Orders: _____

Initials _____

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Diet

- Regular Diet
- Heart Healthy Diet
- Controlled Carbohydrate Diet
- Other Diet or Diet Modifiers: _____
- Full Liquid Diet
- Clear Liquid Diet
- NPO

IV Placement

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

IV Fluids - maintenance infusion

- IV: _____

Medications

Analgesics

acetaminophen (TYLENOL)

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

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain (moderate pain: score 4-7; severe pain: score 8-10)

Antiemetics

prochlorperazine edisylate (COMPAZINE)

- 10 milligram intravenously every 6 hours as needed for nausea/vomiting

ondansetron (ZOFTRAN)

- 4 milligram intravenously every 4 hours as needed for nausea/vomiting

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/0.5 mL neb solution (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

Additional Medications

- Other: _____

Laboratory

Admission labs or labs to be obtained now:

- Respiratory Viral Panel by PCR (RT to collect)
- Other labs: _____

Morning Draw:

- Morning labs: _____

Radiology and Diagnostic Tests

- Radiology and diagnostic tests (include reason for exam): _____

Provider Signature: _____ Date: _____ Time: _____