

(place patient label here)

Patient Name: _____



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: _____

Behavioral Health Admission

Version7 Approved 3/4/2019

Patient Status

- Admit to inpatient Behavioral Health
 - Diagnosis _____
 - Attending Provider _____

Preferred Location/Unit

- Behavioral Health Unit Designation
- Special Care Unit
 - Standard Care Unit

Behavioral Health Legal Status

- Voluntary
- INVoluntary

Visitors

- Routine
- Visitors Limited to: _____

Code Status:

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

Nursing Orders

- Vital signs per unit standard: BID x 3 Days then discontinue
- Vital signs non unit standard _____
- Weight on Once on Admit
- Initiate MRSA/MSSA Protocol
- Point of Care Capillary Blood Glucose AC and HS
- Point of Care Ethanol (EtOH) Breath
- Assess CIWA – Ar Scale TID
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running

Counseling/Therapy Orders

- Unit Counseling- Individual, Group and/or Family Counseling
- Coordinate care and discharge with involved community resources/ referents

Diet

- Regular Diet
 - Safe Tray
- Heart Healthy Diet
 - Safe Tray
- Controlled Carbohydrate Diet
 - Safe Tray

Initials _____

(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

Medications

Analgesics: Non-opioids

acetaminophen (TYLENOL)

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

ibuprofen (MOTRIN)

- 400 milligram orally 3 times a day as needed for mild-to-moderate pain , dysmenorrhea or headache; Take with food

Antiemetics

ondansetron (ZOFTRAN)

- 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 ; potentially inappropriate in patients 65 years or older

Anxiolytic Agents

- Do not order Lorazepam if using the Behavioral Health Alcohol Withdrawal Order set with the Admission Set lorazepam (ATIVAN)

- 0.5 milligram orally every 4 hours as needed for agitation or anxiety NOT related to poor pain control & patient should be easily aroused. Not to exceed 8 mg/24 hrs including all scheduled doses.
- 1-2 milligram orally every 4 hours as needed for agitation or anxiety NOT related to poor pain control & patient should be easily aroused. Not to exceed 8 mg/24 hrs including all scheduled doses.
- 1 milligram sublingually every 4 hours as needed for agitation or anxiety NOT related to poor pain control & patient should be easily aroused. Not to exceed 8 mg/24 hrs including all scheduled doses.
- 1-2 milligram intramuscularly every 4 hours as needed for agitation or anxiety NOT related to poor pain control & patient should be easily aroused and if not relieved by PO/SL lorazepam. Not to exceed 8 mg/24 hrs including all scheduled doses.

hydroxyzine (ATARAX-VISTARIL)

- 25 milligram orally every 4 hours as needed for anxiety

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 ; May repeat x 1

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

docusate sodium (COLACE)

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

senna s (SENOKOT-S)

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

polyethylene glycol 3350 17 gram oral powder packet (MIRALAX)

- 17 gram orally once a day as needed for constipation MIX IN 8 OZ (240 milliliters) OF WATER (HOLD for loose Stools)

bisacodyl (DULCOLAX)

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

Initials _____

(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

- 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)

Antidiarrheal Agents

loperamide (IMODIUM)

- 4 milligram orally once as needed for diarrhea for first observed loose stool then
- 2 milligram orally as needed for diarrhea following each loose stool. Do not exceed 16 milligram in 24 hours

Antipsychotics

olanzapine (ZYDIS)

- 5-10 mg SL disintegrating tablet every 2 hrs as needed for moderate agitation/psychosis. Not to exceed 80 mg/24 hrs including all scheduled doses.

risperidone (RISPERDAL M-TAB)

- 2 mg SL (0.5 mg disintegrating tablet x 4) every 2 hrs as needed for moderate agitation/psychosis. Not to exceed 10 mg/24 hrs including all scheduled doses.

ziprasidone

- 20 mg IM every 2 hrs as needed for severe agitation/psychosis. Not to exceed 40 mg/24 hrs including all scheduled doses.

Dyspepsia

Mag Hydrox/Al Hydrox/Simeth (MINTOX)

- 15-30 milliliter orally every 4 hours as needed for gastrointestinal upset

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

Miscellaneous Agents

benzocaine /menthol (CHLORASEPTIC)

- 1 each lozenge by transmucosal administration as needed for cough or sore throat as directed

tuberculin PPD (TUBERSOL)

- 5 unit (0.1 mL) intradermally once

Nicotine Replacement (Choose one route/ per patient choice or preference)

For patients smoking more than 25 cigarettes/day

nicotine polacrilex 4 mg gum

- 1 gum orally every hour as needed for withdrawal (max = 24 pieces/day)

For patients smoking less than 25 cigarettes/day

nicotine polacrilex 2 mg gum (less than 25 cigarettes/day)

- 1 gum chewed every hour as needed for withdrawal (max= 24 pieces/day)

Nicotine Patch

Step down recommendations for patients that desire to quit smoking:

- Starting on the quit day, patients who smoke >10 cigarettes/day (one-half pack) use the highest dose of the nicotine patch (21 mg/day) for six weeks, followed by 14 mg/day for two weeks, and finish with 7 mg/day for two weeks.
- Smokers who weigh less than 45 kg or smoke =10 cigarettes per day are advised to begin with the 14-mg/day strength for six weeks, followed by 7 mg/day for two weeks.

Initials _____

(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

For patients smoking more than 10 cigarettes/day
 nicotine 21 mg/24 hr transdermal film, extended release
 1 patch transdermally once a day

For patients smoking less than 10 cigarettes/day
 nicotine 14 mg/24 hr transdermal film, extended release
 1 patch transdermally once a day
 nicotine 7 mg/24 hr transdermal film, extended release
 1 patch transdermally once a day

Laboratory

Admission labs or labs to be obtained now: (If not already done in ED)

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- TSH (THYROID STIM HORMONE)
- ALCOHOL, ETHYL LEVEL
- GAMMA GT (GGT)
- LITHIUM LEVEL
- HEPATITIS SCREEN
- UA W/ MICROSCOPY, CULT IF INDIC
- URINE DRUG SCREEN
- PREGNANCY TEST, SERUM

Consult Provider

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

Provider Signature: _____ Date: _____ Time: _____