

(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: \_\_\_\_\_

**ED Transition from the Emergency Department  
Patient Placement**

**Version 3 10/26/15**

**Patient Status**

- Admit to inpatient:  
Diagnosis: \_\_\_\_\_
- Observation services  
Reason for Observation: \_\_\_\_\_
- 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 \_\_\_\_\_

**Telemetry**

- Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [ ] Yes [ ] No

**Activity**

- Up ad lib
- Up with Assistance
- Bed rest with bathroom privileges
- Bed rest

**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
- VTE has not been addressed: Please contact admitting provider in AM to address VTE prophylaxis
- Home Medications have not been addressed: Please contact admitting provider in AM to address home medications
- Vital signs per unit standard
- Intake and output per unit standard
- Initiate MRSA Testing and Treatment Protocol

**Respiratory**

Oxygen administration

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

**Diet**

- Regular Diet
- Heart Healthy Diet
- Controlled Carbohydrate Diet
- Full Liquid Diet
- Clear Liquid Diet
- NPO Diet

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain

**IV Fluids - Maintenance Specific Fluid**

Sodium Chloride 0.9% IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Lactated Ringers IV

- \_\_\_\_\_ 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): \_\_\_\_\_

**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 (ZOFRAN)

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

**Bronchodilators : Nebulized**

albuterol 2.5 mg/0.5 mL solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer once as needed for shortness of breath or wheezing, notify provider if additional treatments are needed

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_