

(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.
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Diagnosis: _____

Allergies with reaction type: _____

**Bridging Ortho Admission
Patient Placement**

Version 1 3/4/16

Patient Status

- 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)
Diagnosis: _____
- Attending Provider: _____

Preferred Location/Unit

- Ortho/Neuro

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 with Assistance
- Bed rest
- Apply Traction
Location: Affected Lower Ext
Type: Buck's
Pounds of Traction: 5

Nursing Orders

- Vital signs per unit standard
- Intake and output per unit standard
- Initiate MRSA Testing and Treatment Protocol
- Apply ice pack to affected extremity
- Elevate Affected Extremity
- Do Not Remove Splint; (if present) Keep dry

Initials _____

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Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

Diet

- NPO (diet) [] Enter Time: _____ [] Midnight [X] Now
- NPO Modifications: [] Except Meds [X] Strict [] With Ice Chips [] With Sips

IV Placement

- Peripheral IV insert/maintain

IV Fluids - Maintenance

Sodium Chloride 0.9% IV

- 125 milliliter/hour continuous intravenous infusion

Lactated Ringers IV

- 125 milliliter/hour continuous intravenous infusion

- Select this fluid for IV solution not listed above

IV Fluid-Maintenance

- Fluid: _____
- Additive: _____
- Rate: _____
- Duration (If rate not selected): _____

Medications

Analgesics

morphine

- 2 milligram intravenously every 4 hours as needed for severe pain , break through pain

Analgesics (PCA): Select one

morphine in normal saline 1 mg/mL (PCA)

- Standard PCA Demand dose: 1 milligram; Demand dose lock out: 8 minutes; MAX doses/hour: 7 doses/hour

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

HYDROMORPHONE normal saline 0.2 mg/mL (DILAUDID - PCA)

- Standard PCA Demand dose: 0.2 milligram; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

fentaNYL in normal saline 10 micrograms/mL (PCA)

- Standard PCA Demand dose: 10 micrograms; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

Antiemetics

metoclopramide (REGLAN)

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

ondansetron (ZOFTRAN)

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

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Antibacterial Agents

- ceFAZolin (ANCEF)
 - 2 gram intravenously every 8 hours
- For patients > 120 kg SELECT:
 - ceFAZolin (ANCEF)
 - 3 gram intravenously every 8 hours
 - clindamycin (CLEOCIN)
 - 900 milligram intravenously every 8 hours
 - ciprofloxacin (CIPRO)
 - 400 milligram intravenously every 12 hours
 - vancomycin (VANCOCIN)
 - intravenously **Pharmacy to dose**

Laboratory

Morning Draw

- CBC/AUTO DIFF
- HH (HGB & HCT)
- COMPREHENSIVE METABOLIC PANEL
- BASIC METABOLIC PANEL
- PT (PROTIME AND INR)
- PTT

Consult Provider

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

VTE- Prophylaxis

Mechanical

- Apply Sequential compression device (SCD)
- Apply Arterial venous impulses (AVI)
- Apply knee high graduated compression stockings
- Apply thigh high graduated compression stockings

Provider Signature: _____ Date: _____ Time: _____