

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you ***do not*** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

VITAL SIGNS:

- Vital signs per unit protocol
- Neurological checks every 4 hours x 24 hours

ACTIVITY:

- Activity as tolerated
- Ambulate with assistance
- Bed rest

DIET:

- | | | |
|---|--|---|
| <input type="checkbox"/> Regular | <input type="checkbox"/> NPO | <input type="checkbox"/> Clear liquids as tolerated |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> NPO except medication | <input type="checkbox"/> ADA _____ kcal |
| <input type="checkbox"/> Therapeutic: _____ | | <input type="checkbox"/> Other: _____ |

MEDICATIONS:

- Heparin** 5000 units subcutaneously every ___ 8 hours ___ 12 hours for VTE prophylaxis
- Fragmin (dalteparin)** 5000 IU subcutaneously once daily for VTE prophylaxis
- Lovenox (enoxaparin)** 40 mg subcutaneously once daily for VTE prophylaxis
- Lovenox (enoxaparin)** ___ 30 mg ___ 40 mg subcutaneously every 12 hours (40 mg every 12 hours if BMI greater than or equal to 30) for VTE prophylaxis
- Arixtria (fondaparinux)** 2.5 mg subcutaneously once daily for VTE prophylaxis
- Tylenol (acetaminophen)** 650 mg ___ PO ___ per rectum every 4 hours PRN for pain level 1-5 or for oral temperature greater than 100.4° F (no more than 4 grams of **acetaminophen** in 24 hours)
- For pain level 6-10, specify medication: _____
- Mylanta (aluminum hydroxide/mag hydroxide/simethicone)** 20 ml PO every 4 hours PRN indigestion
- Zantac (ranitidine)** 150 mg PO ___ BID ___ daily for GI prophylaxis
- Nexium (esomeprazole)** 40 mg PO daily for GI prophylaxis
- Ambien (zolpidem)** 10 mg PO at bedtime PRN for insomnia
- Benadryl (diphenhydramine)** 25 mg PO at bedtime PRN for insomnia

Laxatives: All patients on narcotics should be on Colace plus 1 stimulant laxative

- Colace (docusate sodium)** 100 mg PO BID for stool softener
- Dulcolax (bisacodyl)** 10 mg ___ PO ___ per rectum BID PRN for constipation
- Miralax (polyethylene glycol)** 1 TBSP/8 oz. water PO every 12 hours PRN, if no bowel movement/24 hours; THEN
- Fleets enema (sodium phosphate)** 133 ml per rectum daily PRN for constipation
Do not order Fleets enema for renal patients

Patient Identification



Family Medicine Hospital Service
Adult Admission Orders

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PATIENT CARE:

- Daily weight
Strict intake and output
Sequential compression device(s): both extremities right leg left leg
Foot pump(s): both feet right foot left foot
Thigh high elastic stocking(s): both extremities right leg left leg
Aspiration precautions

LABORATORY:

- PT/INR
aPTT
BMP (basic metabolic panel)
CBC with Differential now; THEN
CBC with Differential every other day while receiving heparin or low molecular weight heparin (LMWH)

RESPIRATORY:

- Continuous pulse oximetry for 24 hours, oxygen titration protocol to maintain SaO2 greater than or equal to 92%, indication:
Pulse oximetry spot check BID x 3 days, oxygen titration protocol to keep SaO2 greater than or equal to 92%, indication:

CONSULTS:

- Consult Occupational Therapy, indication:
Consult Physical Therapy, indication:
Consult Social Work, indication:
Other:

ADDITIONAL ORDERS:

Blank lines for additional orders

Physician Pager Date / / Time:
[checkbox] Verbal Order Verification Signature Date / / Time:
SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY

Patient Identification