CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

CIM - Admission Order Set

Admit to Dr._____ ❑ Hospitalist _____ ❑ CCU ❑ Floor

❑ Admit Inpatient ❑ Place in Observation Services ❑ Outpatient

Consults: ❑ Dr. _____ ❑ Case Management ❑ Dietitian ❑ Hospice
❑ Nurse Navigation ❑ Palliative Care ❑ Physical Therapy ❑ Social Services ❑ Speech ❑ Wound Care

Diagnosis:

Condition: ❑ Stable ❑ Fair ❑ Critical ❑ Poor

Allergies:

Diet: ❑ Regular ❑ Soft ❑ 1500 Cal ❑ 1800 Cal ❑ 4 gm Na
❑ Clear Liquids ❑ Full Liquids ❑ NPO (includes ALL Tube Feedings) ❑ _____

Labs:			
❑ ABGs	❑ C-diff	❑ Protime	❑ T&S
❑ Amylase	❑ CMP	❑ Sedimentation Rate	❑ UA with microscopy
❑ Blood cultures x 2	❑ BMP	❑ Sputum for C&S	❑ UA without microscopy
❑ CBC	❑ BNP	❑ Stool-O&P, WBC, C&S	❑ Urine for C&S
❑ CBC with auto Diff	❑ Hgb & Hct	❑ T4 Free	❑ _____
❑ CBC with manual Diff	❑ Lipid Profile	❑ TSH	❑ _____

Vital signs: ❑ q 4 hours ❑ q 8 hours ❑ Specified: _____

❑ I&O q shift

❑ Foley to Gravity Drainage; implement Foley Catheter Removal Protocol

Activity: ❑ ad lib ❑ B/R ❑ BRP ❑ Up to Chair ❑ Ambulate with Assistance ❑ Other_____

❑ Weigh on Admission ❑ Daily Weights

Cardiac Monitor: ❑ None ❑ Continuous Telemetry

IV Fluids: ❑ Saline Lock ❑ Add KCL ❑ 10 ❑ 20 ❑ 40 mEq ❑ Other: _____

❑ NS 75 ml/hr IV	❑ ½ NS 75 ml/hr IV	❑ D5 NS 75 ml/hr IV	❑ D5 ½ NS 75 ml/hr IV
❑ NS 100 ml/hr IV	❑ ½ NS 100 ml/hr IV	❑ D5 NS 100 ml/hr IV	❑ D5 ½ NS 100 ml/hr IV
❑ NS 125 ml/hr IV	❑ ½ NS 125 ml/hr IV	❑ D5 NS 125 ml/hr IV	❑ D5 ½ NS 125 ml/hr IV
❑ NS 150 ml/hr IV	❑ ½ NS 150 ml/hr IV	❑ D5 NS 150 ml/hr IV	❑ D5 ½ NS 150 ml/hr IV

Respiratory: • Incentive Spirometry Protocol • Turn, cough, deep breath q 2 hrs x 48 hrs while awake
• OSA screening and/or protocol as applicable
❑ EKG ❑ O2 at _____L/min; obtain Sat check prior to O2 ❑ Room air
❑ Mask _____% ❑ Other: _____

Diagnostic Imaging: ❑ ABD US ❑ Pelvis US ❑ CXR ❑ Sinus xray ❑ Head MRI
❑ Flat and Upright ABD ❑ _____ ❑ _____

May use standing orders.

❑ FSBS 7, 11, 4, 9

Physician Signature: _____ Date & Time: _____

CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

CIM - Admission Order Set

❑ Sliding scale insulin: ❑ Regular ❑ Humalog ❑ Novolog ****Notify MD if > 500****
Dose Scale: ❑ High Dose Scale ❑ Medium Dose Scale ❑ Low Dose Scale

Antiemetic Medications Orders:

❑ Zofran 4 mg ODT Po q 8 hr PRN
❑ Zofran 4 mg IV q 6 hr PRN
❑ Reglan 10 mg IV q 4 hr PRN not relieved by Zofran

Other Antiemetic Medications

❑ _____
❑ _____
❑ _____
❑ _____

Pain Management Orders:

Mild pain (scale 1-3)

❑ Tylenol 650 mg Po q 6 hr PRN pain/fever
❑ Tylenol 1 gram Po q 6 hr PRN pain/fever
❑ Motrin 600 mg Po q 8 hr PRN pain/fever if not relieved by Tylenol
❑ Motrin 800 mg Po q 8 hr PRN pain/fever if not relieved by Tylenol

Moderate pain (scale 4-7)

❑ Norco 5/325 1 tab Po q 6 hr PRN
❑ Toradol 30 mg IV q 8 hr PRN
❑ Morphine 2 mg IV q 2-4 hr PRN if not relieved by Toradol
❑ Dilaudid 1 mg IV q 2-4 hr PRN if not relieved by Morphine

Pain Management Orders:

Severe pain (scale 8-10)

❑ Morphine 4 mg IV q 2-4 hr PRN
❑ Dilaudid 2 mg IV q 2-4 hr PRN if not relieved by Morphine

Other Pain Management Medications:

❑ _____

Antibiotic Orders:

❑ Ancef 1gm IV q 8 hours
❑ Azithromycin 500 mg IV q 24 hours
❑ Cipro 400 mg IV q 12 hours
❑ Flagyl 500 mg IV q 8 hours
❑ Levaquin 250 mg Po daily
❑ Levaquin 750 mg Po daily
❑ Levaquin 250 mg IV q 24 hours
❑ Levaquin 500 mg IV q 24 hours
❑ Levaquin 750 mg IV q 24 hours
❑ Merrem 1 gm IV load x 1 if pt is septic, then q 8 hr over 3 hr
❑ Rocephin 1 gm IV q 24 hours
❑ Rocephin 1 gm IV q 12 hours

Antibiotic Orders:

❑ Vancomycin Pharmacy to Dose
❑ Zosyn 4.5 gm IV load x 1 if pt is septic, then q 8 hr over 4 hr
❑ Zyvox 600 mg Po q 12 hr
❑ Zyvox 600 mg/300 ml IV over 2 hr q 12 hr

Other Antibiotic Medications:

❑ _____
❑ _____

Other Medications/Orders: _____

_____

_____

_____

Physician Signature: _____ **Date & Time:** _____