



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. ☐	
Dr. Stidham - Admission Order Set (page 1 of 2)	
Admit to: ☐ CCU ☐ Floor ☐ Hospitalist _____	
☐ 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: ☐ Amylase ☐ C-diff ☐ Stool-O&P, WBC, C&S ☐ Blood cultures x 2 ☐ CMP ☐ Sputum for C&S ☐ BMP ☐ Hgb & Hct ☐ TSH ☐ BNP ☐ Lipid Profile ☐ UA with microscopy ☐ CBC ☐ Protome ☐ Urine for C&S ☐ CBC with auto Diff ☐ Sedimentation Rate ☐ _____	
am Labs: ☐ Amylase ☐ BMP ☐ CBC with auto Diff ☐ CMP ☐ Lipase ☐ _____	
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 ☐ Room air ☐ O2 at _____ L/min; obtain Sat check prior to O2 ☐ Mask _____ % ☐ Other: _____	
Diagnostic Imaging: ☐ ABD US ☐ CXR ☐ Carotid Doppler ☐ Echo ☐ CTA Chest ☐ Flat and Upright ABD ☐ CT Chest with IV Contrast ☐ MRI/MRA Head & Neck ☐ CT ABD/Pelvis with IV Contrast ☐ _____	
Physician Signature: _____ Date & Time: _____	

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4



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Dr. Stidham - Admission Order Set

(page 2 of 2)

☐ FSBS 7, 11, 4, 9

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

May use standing orders protocol.

Antiemetic Medications Orders:

- ☐ Zofran 4 mg ODT Po q 8 hr PRN nausea
- ☐ Zofran 4 mg IV q 6 hr PRN nausea
- ☐ Reglan 10 mg IV q 4 hr PRN nausea if 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 Protocol:

- ☐ 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 q 8 hours
- ☐ Rocephin 1 gm IV q 24 hours
- ☐ Rocephin 1 gm IV q 12 hours

Antibiotic Protocol:

- ☐ Vancomycin Pharmacy to Dose
- ☐ Zosyn 3.375 gm IV q 6 hours
- ☐ Zosyn 4.5 gm IV q 6 hours
- ☐ Zyvox 600 mg Po q 12 hours
- ☐ Zyvox 600 mg/300ml IV over 2 hr q 12 hours

Other Antibiotic Medications:

- ☐ _____
- ☐ _____

Other Medications/Orders: _____

Physician Signature: _____ Date & Time: _____

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DO NOT USE: U IU QD QOD MS MSO4 MgSO4