



**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. Cottingham - Admission Order Set

Admit to Dr. Cottingham ☐ Admit Inpatient ☐ Outpatient

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 ☐ CBC ☐ CMP ☐ PT/PTT  
☐ Amylase ☐ CBC with auto Diff ☐ Hgb & Hct ☐ Sputum for C&S  
☐ Blood cultures x 2 ☐ CBC with manual Diff ☐ LFT ☐ UA with microscopy  
☐ BMP ☐ CEA ☐ Lipase ☐ UA without microscopy  
☐ Other ☐ Urine for C&S

IV Fluids: ☐ Hep Lock ☐ 1/2 NS ☐ D5 1/2 NS ☐ NS ☐ LR ☐ D5 LR  
cc/hr ☐ Add 20 mEq KCL/L

Vital Signs: ☐ q 4 hours ☐ q 8 hours ☐ Routine Post-op

Activity: ☐ As tolerated ☐ B/R ☐ B/R with BRP ☐ Up with assistance

Respiratory: ☐ O2 @ \_\_\_\_\_ L/min; obtain Sat check prior to O2 ☐ O2 Protocol  
☐ Albuterol 2.5 mg with Atrovent 0.5 mg every 4 hours per Respiratory ☐ EKG  
☐ Incentive Spirometer Protocol

Diagnostic Imaging: ☐ ABD US ☐ CXR ☐ Flat & Upright ABD  
☐ CT ABD/Pelvis with ☐ Po ☐ IV Contrast

May use standing orders.

☐ TED Hose ☐ SCD Bilateral Lower Extremities ☐ NGT to Intermittent Low Wall Suction ☐ Foley to gravity

Meds:

*Mild Pain (scale 1-3)*

- ☐ Toradol 15 mg IV q 6 hr x 48 hours, 1<sup>st</sup> dose at \_\_\_\_\_ (in PACU) if creatinine is < 1.5
- ☐ Acetaminophen 650 mg Po q 6 hours x 48 hours, 1<sup>st</sup> dose at \_\_\_\_\_ (in PACU)

*Moderate Pain (scale 4-7)*

- ☐ Norco 7.5 mg Po q 3 hours PRN
- ☐ Morphine 4 mg IV q 3 hours PRN

*Severe Pain (scale 8-10)*

- ☐ Dilaudid 1 mg IV q 4 hours PRN

• If allergy exists to any above listed medications, call physician for additional orders.

*Other Medications*

- ☐ Clindamycin 900 mg IV q 8 hours
- ☐ Protonix 40 mg IV q 24 hours
- ☐ Zofran 4 mg IV q 6 hours PRN nausea/vomiting
- ☐ Zosyn 4.5 gm IV load x 1 if pt is septic, then q 8 hours over 4 hours

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