



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. Varquez - Admission Order Set

(page 1 of 2)

Admit to Dr. _____		<input type="checkbox"/> CCU	<input type="checkbox"/> Floor
<input type="checkbox"/> Admit Inpatient	<input type="checkbox"/> Place in Observation Services	<input type="checkbox"/> Outpatient	
Consults: <input type="checkbox"/> Dr. _____		<input type="checkbox"/> Case Management	<input type="checkbox"/> Dietitian <input type="checkbox"/> Hospice
<input type="checkbox"/> Nurse Navigation	<input type="checkbox"/> Palliative Care <input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Social Services	<input type="checkbox"/> Speech <input type="checkbox"/> Wound Care
Diagnosis: _____			
Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Critical <input type="checkbox"/> Poor			
Allergies: _____			
Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> 1500 Cal <input type="checkbox"/> 1800 Cal <input type="checkbox"/> 4 gm Na <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Full Liquids <input type="checkbox"/> NPO (includes ALL Tube Feedings) <input type="checkbox"/> _____			
Labs: <input type="checkbox"/> ABGs <input type="checkbox"/> D Dimer <input type="checkbox"/> CMP <input type="checkbox"/> Magnesium <input type="checkbox"/> BMP <input type="checkbox"/> CBC with auto Diff <input type="checkbox"/> Fasting Lipid Profile in am <input type="checkbox"/> Protime & PTT <input type="checkbox"/> BNP <input type="checkbox"/> Cardiac Enzymes q 3 hours x 3 <input type="checkbox"/> Sedimentation Rate <input type="checkbox"/> Other: _____			
Vital signs: <input type="checkbox"/> q 4 hours <input type="checkbox"/> q 8 hours <input type="checkbox"/> Specified: _____			
<input type="checkbox"/> I&O q shift			
<input type="checkbox"/> Foley to Gravity Drainage; implement Foley Catheter Removal Protocol			
Activity: <input type="checkbox"/> Ad Lib <input type="checkbox"/> B/R <input type="checkbox"/> BRP <input type="checkbox"/> Up to Chair <input type="checkbox"/> Ambulate with Assistance <input type="checkbox"/> Other _____			
<input type="checkbox"/> Weigh on Admission <input type="checkbox"/> Daily Weights			
Cardiac Monitor: <input type="checkbox"/> None <input type="checkbox"/> Continuous Telemetry			
IV Fluids: <input type="checkbox"/> Saline Lock <input type="checkbox"/> NS 30 ml/hr IV <input type="checkbox"/> NS 75 ml/hr IV <input type="checkbox"/> NS 100 ml/hr IV <input type="checkbox"/> Add KCL <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 mEq <input type="checkbox"/> Other: _____			
Respiratory: <input type="checkbox"/> Room air <input type="checkbox"/> EKG STAT <input type="checkbox"/> EKG q 3 hours x 3 <input type="checkbox"/> EKG in am <input type="checkbox"/> O2 at _____ L/min; obtain Sat check prior to O2 <input type="checkbox"/> Incentive Spirometer Protocol <input type="checkbox"/> Mask _____ % <input type="checkbox"/> Other: _____			
Diagnostic Imaging: <input type="checkbox"/> CXR <input type="checkbox"/> _____ <input type="checkbox"/> _____			
May use standing orders.			
<input type="checkbox"/> FSBS 7, 11, 4, 9			
<input type="checkbox"/> Sliding scale insulin: <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog *****Notify MD if > 400***** Dose Scale: <input type="checkbox"/> High Dose Scale <input type="checkbox"/> Medium Dose Scale <input type="checkbox"/> Low Dose Scale			
<u>Antiemetic Medications:</u> <input type="checkbox"/> Zofran 4 mg IV q 6 hr PRN Nausea		<u>Other Antiemetic Medications:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Physician Signature: _____		Date & Time: _____	

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Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE:

U IU QD QOD MS MSO4 MgSO4



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Pain Management Orders:

- ☐ Dilaudid 1 mg IV q 2 hours PRN Pain
- ☐ Dilaudid 1 mg IV q 4 hours PRN Pain
- ☐ Dilaudid 2 mg IV q 2 hours PRN Pain
- ☐ Dilaudid 2 mg IV q 4 hours PRN Pain
- ☐ Morphine 2 mg IV q 2 hours PRN Pain
- ☐ Morphine 2 mg IV q 4 hours PRN Pain
- ☐ Morphine 4 mg IV q 2 hours PRN Pain
- ☐ Morphine 4 mg IV q 4 hours PRN Pain

Pain Management Orders:

- ☐ Tylenol 650 mg Po q 6 hours PRN Pain/Fever
- ☐ Tylenol 1 gram Po q 6 hours PRN Pain/Fever

Other Pain Management Medications:

- ☐ _____
- ☐ _____
- ☐ _____

Antibiotic Orders:

- ☐ Zosyn 4.5 gm IV load x 1 if pt is septic, then q 8 hr over 4 hr

Other Antibiotic Orders:

- ☐ _____
- ☐ _____

Other Medications/Orders:

- ☐ Albuterol with Atrovent q 4 hours per Respiratory
- ☐ Lasix 40 mg IV q 8 hours
- ☐ Lasix 80 mg IV q 8 hours
- ☐ Lopressor 12.5 mg Po q 12 hours
- ☐ Lopressor 25 mg Po q 12 hours
- ☐ Maalox 30 cc Po q 4 – 6 hours PRN Indigestion
- ☐ Nitroglycerin 0.4 mg SL q 5 minutes x 3 PRN Chest Pain; notify MD
- ☐ _____
- ☐ _____

Physician Signature: _____ Date & Time: _____

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