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. Warner – Admission Order Set

1. Admit to Dr. Warner ❑ Admit Inpatient ❑ Place in Observation Services
   ❑ Monitored Bed ❑ Floor Bed
2. Diagnosis:
3. Condition:
4. Vital signs: ❑ Every 2 hours ❑ Every shift
5. Allergies:
6. Diet: ❑ NPO (includes ALL tube feedings) ❑ Clear Liquids ❑ Regular ❑ Full Liquids ❑ Mechanical Soft
   ❑ Renal - 40 gm protein, 2 gm Na, 60 mEq K+, 600 mg phos, 1.5 L fluid restriction,
   ❑ Consistent Carbohydrate ❑ 4 gm Na Cardiac Prudent ❑ Tube Feeds_____per order set
7. Activity: ❑ Strict Bed Rest ❑ Bedside Commode ❑ Bathroom Privileges ❑ ad lib
8. IV Fluids: ❑ D5 ½ NS @_____ ❑ Saline IV Lock ❑_____
9. ❑ Isolation_____
10. ❑ Strict I&O & daily weights
11. ❑ Foley to gravity; implement Foley Catheter Removal Protocol
12. ❑ Rectal pouch/tube
13. ❑ NG tube to low wall suction
14. ❑ Oxygen_____
15. ❑ Continuous pulse oximetry ❑ Spot check Sat every shift.
16. ❑ IPV every ❑ 2 hours ❑ 4 hours ❑ 6 hours ❑ Chest Physiotherapy
    ❑ Peak Flow Meter
    - Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.
17. ❑ Suction every 2 hours and PRN
18. • Turn, cough, deep breath q 2 hours x 48 hours while awake
19. ❑ Guaiac all stools and record
20. ❑ EKG now ❑ EKG q am x 3
21. ❑ Pneumatic compression hose (SCD or Plexipulse)
22. ❑ Place PPD (5 tuberculin units {TU}) and controls, record induration at 48 hours
23. ❑ Accucheck glucometer @ 0700, 1100, 1600, 2100
24. Labs on arrival: ❑ Admit profile: CMP, Mg, P04, PT, PTT, UA if not done in ER
    ❑ CBC no Diff ❑ CBC with auto Diff ❑ CBC with manual Diff
    ❑ Cardiac enzymes with Troponin every 3 hours x 3 ❑ _____
    ❑ ABG ❑ Lipid Profile ❑ Theophylline ❑ TSH ❑ Digoxin ❑ BNP ❑ D-dimer

MD Signature: _____Date &Time: _____

Please use Ball Point Pen ONLY

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25. Cultures: ❑ Blood x 2 ❑ Sputum Gram Stain & Culture ❑ Sputum AFB Stain and Culture
❑ Urine ❑_____

26. Sputum: ❑ Cytology x 3 ❑ AFB x 3 ❑ If patient unable to produce sputum, collect by NTT suction or 3% saline nebulized induction

27. Daily labs collect 0500 q am: ❑ CBC c plt ❑ Basic Metabolic Profile ❑ Ca, Mg, PO4
❑ PTT every 6 hr then per order set ❑ PT ❑ ABG (collect @ 0630) ❑ Theophylline
❑ _____

28. Weekly Labs: ❑ 24 hr Urine Urea Nitrogen ❑ Albumin ❑ LFT ❑ PT ❑ PTT ❑_____

29. Studies: ❑ CXR AP & lat ❑ CXR AP portable ❑ CT SCAN_____
❑ Ultrasound_____ ❑ Echocardiogram ❑ VQ Lung Scan – call report
❑ PFTs ❑_____

30. ❑ Transfusion:_____ ❑ Premed with Benadryl 25 mg IV and Tylenol 650 mg Po/PR

31. Medications:
- ❑ Albuterol 2.5 mg nebulized every 4 hours and PRN
- ❑ Atrovent nebulized every 4 hours and PRN
- ❑ Lovenox 40 mg every day SubQ.
- ❑ Solumedrol 125 mg IV every 8 hours
- ❑ Rocephin 1 gm IV every 24 hours
- ❑ Zithromax 500 mg IV daily x 2 days then
- ❑ Zithromax 250 mg Po if no complaints of nausea and vomiting x 3 days
- ❑ Teflaro 600 mg IV q 12 hours
- ❑ Levaquin 750 mg IV daily
- ❑ ECASA 325 mg Po daily
- ❑ Pepcid 20 mg IV push bid
- ❑ Aminophylline drip, give 5 mg/Kg bolus over 30 minutes then continue infusion at 0.5 mg/Kg/hr. Check Theophylline level in 24 hours.
- ❑ Sliding scale regular insulin: glucose < 79 = give Po juice or ½ amp D50W; then
  ❑ Low dose ❑ Moderate dose ❑ High dose – sliding scale insulin per order set.
- ❑ Heparin 80 units/Kg bolus then 18 units/Kg/hr by infusion, check PTT in 6 hours and adjust rate and repeat PTT thereafter by heparin order set.
- ❑ Mucomyst 20% 5 cc via nebulizer qid
- ❑ CIM Standing Orders for PRN meds
- ❑ Demerol 25 mg IV/ IM every 6 hours PRN severe pain
- ❑ Trazadone 50 mg Po every hs PRN insomnia
- ❑ Colace 100 mg Po bid for constipation
- ❑ Maalox 30 cc Po every 4-6 hours PRN indigestion
- ❑ Benadryl 50 mg Po @ hs PRN sleep
- ❑ Nitroglycerin 0.4 mg SL every 5 min PRN chest pain x 3, obtain EKG
- ❑ Haldol 2 mg IV/IM every 4 hours PRN delirium with agitation

MD Signature: _____Date &Time: _____

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Dr. Warner - Admission Order Set (Page 3 of 3)
32. Notify: ❑ PT ❑ Social Services ❑ Pastoral Care ❑ Dietitian ❑ Pharmacy
33. Consultations:
34. Consent patient/family for:
35. Other:
36. Notify MD for temp >101 F, systolic BP >180 or <80, HR >150 or <50, Sat <85%, V tach >6 beats, heart block >1st degree, new arrhythmia, chest pain unrelieved by 3 Nitroglycerin, or hemoptysis >30 ml.
MD Signature: _____Date &Time: _____

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DO NOT USE: U IU QD QOD MS MSO4 MgSO4