

# PHYSICIAN'S ORDERS



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

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

## Behavioral Health Order Set (page 1 of 2)

1. Is the patient considered **medically stable** for behavioral health transfer:  
☐ **Yes**, arrange transfer: ☐ Psychiatric or ☐ Substance Dependence Treatment Facility of patient/family choice (if bed available): \_\_\_\_\_  
☐ Psychiatric or ☐ Substance Dependence Treatment Facility with first available bed.  
☐ **No**, hold in Emergency Department
2. **Probate Hold Order:** ☐ **Yes** ☐ **No**
3. **Allergies:** see nurses notes
4. **Vital signs:** ☐ q 4 hours ☐ q 8 hours ☐ \_\_\_\_\_ ☐ Telemetry
5. **Activity:** ☐ Up ad lib ☐ Bed rest with bathroom privileges ☐ Bedside commode ☐ Strict bed rest
6. **Nursing Orders:**  
☐ 1:1 staff observation  
☐ Maintain suicide precautions  
☐ Repeat suicide risk assessment q \_\_\_\_ hours, prior to transfer, and as needed for changes in condition  
☐ CIWA-Ar q 4 hours and as needed. Notify ER MD immediately of CIWA score of 8 or greater and Initiate the Alcohol Withdrawal Order Set.  
☐ Side rails up when patient is not lucid  
☐ Daily weight or: \_\_\_\_\_  
☐ I&O q shift or: \_\_\_\_\_  
☐ Foley catheter to gravity drainage; implement Foley Catheter Removal Protocol  
☐ Other: \_\_\_\_\_
7. **Diet:** ☐ NPO ☐ Regular ☐ Clear liquid ☐ Soft ☐ Calorie ADA ☐ Low sodium ☐ Cardiac  
☐ Renal ☐ Other: \_\_\_\_\_
8. **Lab:** ☐ Repeat blood alcohol level q \_\_\_\_ hour(s) until level is \_\_\_\_\_ or less.  
☐ Other: \_\_\_\_\_
9. ☐ **Pattern blood sugar for IDDM patient**  
 Notify the attending physician if the blood sugar is <60 or >250 unless otherwise specified.
10. **Consultant(s):** ☐ Case Manager ☐ Wellstone ☐ \_\_\_\_\_

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Signature of ER Physician

Date & Time

Please use Ball Point Pen ONLY

# PHYSICIAN'S ORDERS



**CULLMAN**  
REGIONAL

NAME:  
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## Behavioral Health Order Set (page 2 of 2)

11. I have reviewed the home medications list for this patient. Administer the following meds as ordered:

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12. Other:

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### 13. Opiate Detoxification Protocol Medications:

**Clonidine Taper** as follows:

- Clonidine 0.1 mg orally q 6 hours for 24 hours (HOLD for systolic BP  $\leq$  to 90 OR heart rate  $<$  60).
- Clonidine 0.1 mg orally q 8 hours for 48 hours (HOLD for systolic BP  $\leq$  to 90 OR heart rate  $<$  60).
- Clonidine 0.1 mg orally q 12 hours for 24 hours (HOLD for systolic BP  $\leq$  to 90 OR heart rate  $<$  60).
- Clonidine 0.1 mg orally q morning for 24 hours (HOLD for systolic BP  $\leq$  to 90 OR heart rate  $<$  60).

**Motrin 600 mg** orally q 6 hours as needed for muscle aches or pain.

**Immodium 4 mg** orally q 4 hours as needed for diarrhea.

**Librium 25 mg** orally q 6 hours for 72 hours for restlessness or agitation.

14. ER MD is to be notified for any problems, for any unstable and/or abnormal vital signs, for any abnormal test results, any psychological changes indicating a change in the patient's condition for additional orders, and to review and approval all of the above orders.

\_\_\_\_\_  
Signature of ER Physician

\_\_\_\_\_  
Date & Time

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