



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

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

Drug Allergies: \_\_\_\_\_

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

### Emergency Department Preliminary Admit Order Set

Admitting Physician: Dr. \_\_\_\_\_ ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Admit to: ☐ CCU ☐ Floor \_\_\_\_\_ ☐ Hospitalist \_\_\_\_\_

Consulting Physician: Dr. \_\_\_\_\_ Consult Social Services for \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Code Status: \_\_\_\_\_

Nursing: Vital Signs ☐ q 8 hours ☐ q 4 hours ☐ Specify \_\_\_\_\_ ☐ Accurate I&O

Allergies: See Nurses Notes

Activities: ☐ Ad Lib ☐ Bed Rest ☐ Bathroom Privileges ☐ Up to Chair ☐ Ambulate with assistance ☐ Other \_\_\_\_\_

Diet: ☐ NPO ☐ Regular ☐ 1800 Diabetic ☐ Low Cholesterol ☐ Renal ☐ Clear Liquids ☐ 2 gr NA ☐ Other \_\_\_\_\_

Cardiac Monitor: ☐ None ☐ Continuous Telemetry

Oxygen: ☐ Room Air ☐ NC \_\_\_\_\_ L/min ☐ Mask \_\_\_\_\_ %

☐ Adult Bronchodilator Assessment and Care Plan

IV Fluids: ☐ Saline Lock

<input type="checkbox"/> NS 75 ml/hr IV	<input type="checkbox"/> ½ NS 75 ml/hr IV	<input type="checkbox"/> D5 NS 75 ml/hr IV	<input type="checkbox"/> D5 ½ NS 75 ml/hr IV
<input type="checkbox"/> NS 100 ml/hr IV	<input type="checkbox"/> ½ NS 100 ml/hr IV	<input type="checkbox"/> D5 NS 100 ml/hr IV	<input type="checkbox"/> D5 ½ NS 100 ml/hr IV
<input type="checkbox"/> NS 125 ml/hr IV	<input type="checkbox"/> ½ NS 125 ml/hr IV	<input type="checkbox"/> D5 NS 125 ml/hr IV	<input type="checkbox"/> D5 ½ NS 125 ml/hr IV
<input type="checkbox"/> NS 150 ml/hr IV	<input type="checkbox"/> ½ NS 150 ml/hr IV	<input type="checkbox"/> D5 NS 150 ml/hr IV	<input type="checkbox"/> D5 ½ NS 150 ml/hr IV

#### Antiemetic Medications Protocol:

- ☐ Compazine 10 mg IV q 4 hours PRN Nausea not relieved by Reglan or Zofran
- ☐ Reglan 10 mg IV q 4 hours PRN Nausea not relieved by Zofran
- ☐ Zofran 4 mg IV q 6 hours PRN Nausea not relieved by Zofran ODT
- ☐ Zofran 4 mg ODT q 8 hours PRN Nausea

#### 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
- ☐ Primaxin 500 mg IV q 6 hours
- ☐ Rocephin 1 gm IV q 12 hours
- ☐ Rocephin 1 gm IV q 24 hours
- ☐ Vancomycin 750 mg x 1 in ED (if patient weight is 40-61 kg)
- ☐ Vancomycin 1 gm x1 in ED (if patient weight is 62-132 kg)
- ☐ Vancomycin 2 gm x1 in ED (if patient weight is 133 kg or greater)
- Pharmacy to dose Vancomycin once patient is admitted
- ☐ Zosyn 4.5 gm IV load x 1 if pt is septic, then q 8 hours over 4 hours

#### Pain Management Protocol:

- ☐ Dilaudid \_\_\_\_ mg IV q \_\_\_\_ hours PRN Pain not relieved by Morphine, Toradol or Po pain meds
- ☐ Morphine \_\_\_\_ mg IV q \_\_\_\_ hours PRN Pain not relieved by Toradol or Po pain meds
- ☐ Toradol 30 mg IV q 8 hours PRN Pain not relieved by Po pain meds
- ☐ Norco 5/325 1 tab Po q 6 hours PRN Pain not relieved by Motrin or Tylenol
- ☐ Motrin \_\_\_\_ mg Po q \_\_\_\_ hours PRN Pain/Fever not relieved by Tylenol
- ☐ Tylenol \_\_\_\_ mg Po q \_\_\_\_ hours PRN Pain/Fever

Other orders: \_\_\_\_\_

Orders discussed with admitting physician. The responsibility for directing the care and treatment of the patient upon arrival to the floor is transferred to Admitting Physician Dr. \_\_\_\_\_. For questions, further orders, clarification or for any change in patient's condition, please contact admitting physician.

ER Mid-Level Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

ER 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**