



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. ☐			
Family Medical Clinic - Admission Order Set (page 1 of 2)			
Admit to Dr. _____		☐ CCU	☐ Floor
☐ Admit Inpatient	☐ Place in Observation Services	☐ Outpatient	
Consults: ☐ Dr. _____		☐ Case Management	☐ Dietitian ☐ Hospice
☐ Nurse Navigation	☐ Palliative Care ☐ Physical Therapy	☐ Social Services	☐ Speech ☐ Wound Care
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 ☐ C-diff ☐ Protine ☐ T&S			
☐ Amylase ☐ CMP ☐ Sedimentation Rate ☐ UA with microscopy			
☐ Blood cultures x 2 ☐ BMP ☐ Sputum for C&S ☐ UA without microscopy			
☐ CBC ☐ BNP ☐ Stool-O&P, WBC, C&S ☐ Urine for C&S			
☐ CBC with auto Diff ☐ Hgb & Hct ☐ T4 Free ☐ _____			
☐ CBC with manual Diff ☐ Lipid Profile ☐ TSH ☐ _____			
Vital signs: ☐ q 4 hours ☐ q 8 hours ☐ Specified: _____			
☐ I&O q shift			
☐ Foley to Gravity Drainage; implement Foley Catheter Removal Protocol			
Activity: ☐ ad lib ☐ B/R ☐ BRP ☐ Up to Chair ☐ Ambulate with Assistance ☐ Other _____			
☐ Weigh on Admission ☐ Daily Weights			
Cardiac Monitor: ☐ None ☐ Continuous Telemetry			
IV Fluids: ☐ Saline Lock ☐ Add KCL ☐ 10 ☐ 20 ☐ 40 mEq ☐ Other: _____			
☐ NS 75 ml/hr IV ☐ ½ NS 75 ml/hr IV ☐ D5 NS 75 ml/hr IV ☐ D5 ½ NS 75 ml/hr IV			
☐ NS 100 ml/hr IV ☐ ½ NS 100 ml/hr IV ☐ D5 NS 100 ml/hr IV ☐ D5 ½ NS 100 ml/hr IV			
☐ NS 125 ml/hr IV ☐ ½ NS 125 ml/hr IV ☐ D5 NS 125 ml/hr IV ☐ D5 ½ NS 125 ml/hr IV			
☐ NS 150 ml/hr IV ☐ ½ NS 150 ml/hr IV ☐ D5 NS 150 ml/hr IV ☐ D5 ½ NS 150 ml/hr IV			
Respiratory: • Incentive Spirometer Protocol, and OSA screening and/or protocol as applicable. Notify respiratory therapy • Turn, cough, deep breath q 2 hours x 48 hours while awake ☐ Room air ☐ EKG			
☐ O2 at _____ L/min; obtain Sat check prior to O2			
☐ Mask _____ % ☐ Other: _____			
Diagnostic Imaging: ☐ ABD US ☐ Pelvis US ☐ CXR ☐ Sinus xray ☐ Head MRI			
☐ Flat and Upright ABD ☐ _____ ☐ _____			
May use standing orders.			
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



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Family Medical Clinic - Admission Order Set

(page 2 of 2)

☐ FSBS 7, 11, 4, 9

☐ Sliding scale insulin: ☐ Regular ☐ Humalog ☐ Novolog *****Notify MD if > 400*****
Dose Scale: ☐ High Dose Scale ☐ Medium Dose Scale ☐ Low Dose Scale

Antiemetic Medications Orders:

- ☐ Zofran 4 mg ODT Po q 8 hr PRN
- ☐ Zofran 4 mg IV q 6 hr PRN
- ☐ Reglan 10 mg IV q 4 hr PRN not relieved by Zofran

Other Antiemetic Medications

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Pain Management Orders:

Mild pain (scale 1-3)

- ☐ Tylenol 650 mg Po q 6 hr PRN pain/fever
- ☐ Tylenol 1 gram Po q 6 hr PRN pain/fever
- ☐ Motrin 600 mg Po q 8 hr PRN pain/fever if not relieved by Tylenol
- ☐ Motrin 800 mg Po q 8 hr PRN pain/fever if not relieved by Tylenol

Moderate pain (scale 4-7)

- ☐ Norco 5/325 1 tab Po q 6 hr PRN
- ☐ Toradol 30 mg IV q 8 hr PRN
- ☐ Morphine 2 mg IV q 2-4 hr PRN if not relieved by Toradol
- ☐ Dilaudid 1 mg IV q 2-4 hr PRN if not relieved by Morphine

Pain Management Orders:

Severe pain (scale 8-10)

- ☐ Morphine 4 mg IV q 2-4 hr PRN
- ☐ Dilaudid 2 mg IV q 2-4 hr PRN if not relieved by Morphine

Other Pain Management Medications:

- ☐ _____

Antibiotic Orders:

- ☐ 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
- ☐ Levaquin 250 mg Po daily
- ☐ Levaquin 750 mg Po daily
- ☐ Levaquin 250 mg IV q 24 hours
- ☐ Levaquin 500 mg IV q 24 hours
- ☐ Levaquin 750 mg IV q 24 hours
- ☐ Merrem 1 gm IV load x 1 if pt is septic, then q 8 hr over 3 hr
- ☐ Rocephin 1 gm IV q 24 hours
- ☐ Rocephin 1 gm IV q 12 hours

Antibiotic Orders:

- ☐ Vancomycin Pharmacy to Dose
- ☐ Zosyn 4.5 gm IV load x 1 if pt is septic, then q 8 hr over 4 hr
- ☐ Zyvox 600 mg Po q 12 hr
- ☐ Zyvox 600 mg/300 ml IV over 2 hr q 12 hr

Other Antibiotic Medications:

- ☐ _____
- ☐ _____

Physician Signature: _____ Date & Time: _____

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Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4