



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 - Daily Rounding Order Set

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Consults: ☐ Dr. _____ ☐ Case Management ☐ Dietitian ☐ Hospice
☐ Nurse Navigation ☐ Palliative Care ☐ Physical Therapy ☐ Social Services ☐ Speech ☐ Wound Care

Diet: ☐ Regular ☐ Soft ☐ 1500 Cal ☐ 1800 Cal ☐ 4 gm Na ☐ Clear Liquids ☐ Full Liquids
☐ NPO (includes ALL Tube Feedings) ☐ Other: _____

☐ 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: _____

Activity : ☐ ad lib ☐ B/R ☐ BRP ☐ Up to Chair ☐ Ambulate with assistance ☐ Other: _____

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

Antiemetic Medications Orders:

☐ Zofran 4 mg ODT Po q 8 hr PRN nausea
☐ Zofran 4 mg IV q 6 hr PRN nausea
☐ Reglan 10 mg IV q 4 hr PRN nausea if 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:

☐ _____

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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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:

- ☐ _____
- ☐ _____

Other Medications:

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

Respiratory:

- Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy
- Turn, cough, deep breath q 2 hrs x 48 hrs while awake
 - ☐ Room air
 - ☐ O2 at _____ L/min; obtain Sat check prior to O2
 - ☐ Mask _____ %

Diagnostic Imaging: ☐ ABD US ☐ Pelvis US ☐ CXR ☐ Sinus xray ☐ Head MRI
☐ Flat and Upright ABD ☐ _____ ☐ _____

☐ 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

Physician Signature: _____

Date & Time: _____

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Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4