



## Physician Orders ADULT

**Title: Psychosis Adult (Drug and Non Drug Induced)  
Orders**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

|  |  |  |
|--|--|--|
| <b>Allergies:</b>  |  | <input type="checkbox"/> No known allergies                  |
| <input type="checkbox"/> Medication allergy(s): _____                        |  |  |
| <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____ |  |  |
| <b>Admission/Transfer/Discharge</b>  |  |  |
| <input type="checkbox"/>   | Patient Status Initial Inpatient   |  |
|  | <b>Bed Type:</b> <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other   |  |
| <input type="checkbox"/>   | Patient Status Initial Outpatient  |  |
|  | <b>Outpatient Status/Service:</b> <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services   |  |
|  | <b>NOTE to MD:</b>   |  |
|  | <b>Initial status – inpatient</b> --- For a condition/dx with severity of illness or co-morbid conditions indicating a <b>hospital stay greater than 24 hours is required.</b>   |  |
|  | <b>Initial Status Outpatient – Ambulatory surgery</b> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.<br><ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.</li> <li>• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul> |  |
|  | <b>Initial status Outpatient -Observation Services</b> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours<br><ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the <b>patient will require an inpatient stay.</b></li> </ul>   |  |
| <input type="checkbox"/>   | Notify Physician-Once  | T;N, room number upon admission                              |
| Primary Diagnosis: _____   |  |  |
| Secondary Diagnosis: _____   |  |  |
| <b>Vital Signs</b>   |  |  |
| <input type="checkbox"/>   | Vital Signs  | T;N, Monitor and Record T,P,R,BP, bid, for 72 hrs then daily |
| <input type="checkbox"/>   | Vital Signs  | T;N, Monitor and Record T,P,R,BP, qid, for 72 hr then daily  |
| <b>Patient Care</b>  |  |  |
| <input type="checkbox"/>   | One to One Observation   | T;N  |
| <input type="checkbox"/>   | Restraint Behavioral 18 yrs and older (violent, self-destructive)  | T;N, Routine, Site: _____                                    |





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| Medications  |   |   |
|--|---|---|
| <b>NOTE: If choosing haloperidol, choose BOTH orders</b>   |   |   |
| <input type="checkbox"/>   | haloperidol   | 5 mg, Tab, PO, q6h, PRN Agitated psychosis, Routine, Comment: May give IM if PO refused   |
| <input type="checkbox"/>   | haloperidol   | 5 mg, Injection, IM, q6h, PRN Agitation, Routine, Comment: Only give if PO refused  |
| <b>NOTE: If Haloperidol not ordered, choose one antipsychotic drug below</b>                       |   |   |
| <input type="checkbox"/>   | olanzapine (Zyprexa Zydis)                                | 10 mg, DIS Tablet, PO, Routine, BID, PRN Agitated psychosis   |
| <input type="checkbox"/>   | ARIPrazole  | 9.75 mg, IM, Q 12h, PRN Agitated psychosis. Comment: must be prescribed by a psychiatrist; max dose in 24 hrs = 30 mg; failure of IM/IV haloperidol; and auto stop after 72 hrs |
| <input type="checkbox"/>   | LORazepam   | 2 mg, Tab, PO, q6h, Routine, PRN severe agitated psychosis. Comment: Not to be given with olanzapine. May give IM if PO refused.  |
| <input type="checkbox"/>   | LORazepam   | 2 mg, Injection, IM, q6h, Routine, PRN severe agitated psychosis. Comment: Not to be given with olanzapine. Only give if PO refused.  |
| <input type="checkbox"/>   | diphenhydrAMINE   | 25 mg, Tab, PO, q3h, Routine, PRN for extrapyramidal symptoms (for 3 dose ). Comment: May give IM if PO refused.  |
| <input type="checkbox"/>   | diphenhydrAMINE   | 25 mg, Injection, IM, q3h, PRN Other, specify in PRN for extrapyramidal symptoms (for 3 dose ). Comment: May give if PO refused.  |
| Laboratory   |   |   |
| <input type="checkbox"/>   | Comprehensive Metabolic Panel (CMP)                       | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/>   | TSH   | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/>   | T4 Free (Free T4)   | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/>   | CBC   | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/>   | Rapid Plasma Reagin Test (RPR Screen)                     | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/>   | Urinalysis w/Reflex Microscopic Exam                      | STAT, T;N, once, Type: Urine, Nurse Collect   |
| <b>Note: Women 18 -50 except post hysterectomy or post menopausal order Serum Pregnancy below:</b> |   |   |
| <input type="checkbox"/>   | Pregnancy Screen Serum                                    | STAT, T;N, once, Type: Blood  |
| <b>Note: If Patient previously on Lithium: Order Lithium Level below:</b>                          |   |   |
| <input type="checkbox"/>   | Lithium Level   | STAT, T;N, once, Type: Blood  |
| <b>Note: For African American Race only:</b>   |   |   |
| <input type="checkbox"/>   | Sickle Cell Screen  | STAT, T;N, once, Type: Blood  |
| Diagnostic Tests   |   |   |
| <input type="checkbox"/>   | Chest 2VW Frontal & Lat                                   | T;N, Reason for Exam: Short of Breath, STAT, Stretcher  |
| <input type="checkbox"/>   | Chest 2VW Frontal & Lat                                   | T;N, Reason for Exam: Chest Pain, STAT, Stretcher   |
| <input type="checkbox"/>   | EKG   | T;N, Reason for exam: _____   |
| Consults/Notifications   |   |   |
| <input type="checkbox"/>   | Behavioral Health Consult                                 | T;N, Special Instructions: for evaluation/placement, (Lakeside Triage - 726-8700)   |
| <input type="checkbox"/>   | Medical Social Work Consult (Consult Medical Social Work) | T;N, Special Instructions: Obtain Psychosocial History/Assessment   |

Date

Time

Physician's Signature

MD Number