



Physician Orders ADULT

Order Set: ED Admission Interim Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Outpatient	T;N Attending Physician: _____ Reason for Visit: _____ Bed Type: _____ Specific Unit: _____ Outpatient Status/Service: OP OBSERVATION Services
<input type="checkbox"/>	Patient Status Initial Inpatient	T;N Admitting Physician: _____ Reason for Visit: _____ Bed Type: _____ Specific Unit: _____ Care Team: _____ Anticipated LOS: 2 midnights or more
<input type="checkbox"/>	Notify Physician-Once	Notify: Admitting MD, patient's arrival on floor (notify at 0700 if patient arrives after
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	Routine Monitor and Record T,P,R,BP, per unit routine
<input type="checkbox"/>	Vital Signs w/Neuro Checks	Routine Monitor and Record T,P,R,BP
Activity		
<input type="checkbox"/>	Out Of Bed	Up Ad Lib
<input type="checkbox"/>	Out Of Bed	Up To Chair
<input type="checkbox"/>	Out Of Bed	Up To Ambulate in Hall, with assistance
<input type="checkbox"/>	Bedrest	
<input type="checkbox"/>	Bedrest w/BRP	
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;2359
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Consistent Carbohydrate Diet	Caloric Level: 1800 Calorie, Insulin: <input type="checkbox"/> No Insulin <input type="checkbox"/> Short Acting <input type="checkbox"/> Intermediate <input type="checkbox"/> Long Acting <input type="checkbox"/> Short and Intermediate <input type="checkbox"/> Short and Long; Renal Patient: <input type="checkbox"/> No <input type="checkbox"/> Yes, on dialysis <input type="checkbox"/> Yes, not on dialysis
<input type="checkbox"/>	Regular Adult Diet (Diet Regular Adult)	Start at: T;N
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	Routine, q4day
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%



attach patient label here



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Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV, STAT, (1 dose), 1,000 mL/hr, Comment: bolus
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, Routine, T; N, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, Routine, T; N, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, Routine, T; N, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL, IV, Routine, T; N, 75 mL/hr
Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q4h, PRN Mild Pain or Fever, STAT
<input type="checkbox"/>	magnesium hydroxide (Milk of Magnesia)	30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine
<input type="checkbox"/>	Al hydroxide/Mg hydroxide/simethicone (Maalox Max)	15 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine
Laboratory		
Diagnostic Tests		
Consults/Notifications		

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Date	Time	Physician's Signature	MD Number