

Physician Orders ADULT

Order Set: ED Cocaine Observation Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ 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
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Primary Diagnosis: _____

Secondary Diagnosis: _____

<input type="checkbox"/>	Note: Observe for 12 hours for acute changes in status. Repeat Troponin at 3, 6, and 9 hours, and repeat EKG at 3, 6, and 9 hours.
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<input type="checkbox"/>	Note: If serial EKG and serial cardiac markers remain within normal limits: discharge with education for every heart disease risk factor. Instruct patient to take copies of all results for follow up with MD within 72 hrs for further evaluation.
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<input type="checkbox"/>	Note: If subsequent EKG indicates changes suggestive of ischemia, or cardiac markers are positive, consult Cardiology for further evaluation.
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Vital Signs

<input type="checkbox"/>	Vital Signs	per routine VS to monitor.
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Activity

<input type="checkbox"/>	Bedrest
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Food/Nutrition

<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Consistent Carbohydrate Diet	Caloric Level: _____ 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"/>	American Heart Association Diet	Start at: T;N

Patient Care

<input type="checkbox"/>	Communication HIM (Old Chart to Floor)
<input type="checkbox"/>	Intermittent Needle Therapy q4day Insert/Site Care
<input type="checkbox"/>	O2 Sat Spot Check-NSG T;N, Stat



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Patient Care (continued)		
<input type="checkbox"/>	O2 Sat Monitoring NSG	
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring (ED Only))	STAT
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: _____, Diet: _____, Followup Appointments: Patient to follow up with Cardiologist within 72 hrs and take copies of test results provided for further evaluation. Patient to refrain from cocaine use.
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	Observe for 12 hours for acute changes in status.
Medications		
<input type="checkbox"/>	Nitroglycerin (NTG sublingual)	0.4mg, Tab, SL, q5min, T;N, PRN Chest Pain, STAT, Comment: Maximum 3 doses. Hold for SBP less than 100 mmHg. Notify Provider if chest pain unrelieved after 3 doses.
<input type="checkbox"/>	Nitroglycerin (nitroglycerin 50mg/D5W infusion)	50mg / 250mL, IV, Routine, titrate. Comment: Conc: 200 mcg/mL; Start rate at 5 mcg/min; increase by 5 mcg/min every 3-5 min to desired BP of ____mmHg. Max rate is 200 mcg/min. Hold for SBP less than 100
<input type="checkbox"/>	Lorazepam	1mg, Injection, IV Push, q10min, PRN Other, Specify in Comment, Chest Pain, Routine (for 2 dose)
Laboratory		
<input type="checkbox"/>	ED Troponin-I	Time Study, T;N, q3h x 3 occurrence, Type: Blood
<input type="checkbox"/>	Troponin-I	Time Study, T;N, q3h x 3 occurrence, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	T;N, STAT, Reason: Chest Pain/Angina/MI
<input type="checkbox"/>	Electrocardiogram (EKG)	T;N+180, Reason: Chest Pain/Angina/MI
<input type="checkbox"/>	Electrocardiogram (EKG)	T;N+360, Reason: Chest Pain/Angina/MI
Consults/Notifications		
<input type="checkbox"/>	Notify Provider (LIP) once	Notify For: after completion of 12 hour of observation
<input type="checkbox"/>	Notify Provider (LIP) once	Notify For: for unrelieved Chest Pain with Nitroglycerine SL
<input type="checkbox"/>	Physician Consult	

Date	Time	Physician's Signature	MD Number
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