



Physician Orders ADULT
Care Set: ENT General Admission Orders

attach patient label here

[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"/>	Admit Patient to Dr. _____	
	Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation	
	NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care	
	Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area	
	Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up	
	Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q8h(std), Routine
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<input type="checkbox"/>	BR with BRP	T;N
<input type="checkbox"/>	Dangle At Bedside	T;N
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	1800 Calorie ADA Diet	Start at: T;N
<input type="checkbox"/>	AHA Diet	Start at: T;N
<input type="checkbox"/>	Diet Sodium Control	Start at: T;N
Patient Care		
<input type="checkbox"/>	INT Insert/Site Care	T;N,q4day
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees Continuous
<input type="checkbox"/>	Suction Patient	T;N
<input type="checkbox"/>	Trach Care	T;N, Routine
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N, to Dependent Drainage
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, q-shift
<input type="checkbox"/>	I & O	T;N, Routine, Strict
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Routine
<input type="checkbox"/>	Drain Care	T;N, Keep drains open and notify MD of output
Respiratory Care		
<input type="checkbox"/>	O2 Sat-Spot Check (RT)	T;N Routine q4h(std)
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: Titrate to Maintain O2 Sat equal to or greater than 92%
<input type="checkbox"/>	O2-AFM	T;N, Special Instructions: Flow Rate: 10L/min, Titrate to Maintain O2 Sat equal to or greater than 92%





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Continuous Infusions	
<input type="checkbox"/>	D51/2 NS KCl 20 mEq/L 1,000 mL, IV, Routine, T;N, 75 mL/hr
Medications	
<input type="checkbox"/>	VTE Prophylaxis (SURGICAL - General) 25006-PP-VTE-Spinal-General-GYN-Thoracic-Transplant-URO Prophylaxis
NOTE: If bleeding risk exists, and no contraindication to SCD, place order below:	
<input type="checkbox"/>	Sequential Compression Device T;N, Apply To Lower Extremities Apply (SCD Apply)
NOTE: If no bleeding risk exists, place either Enoxaparin and both CBC w/o Diff orders below OR place the heparin and both CBC w/o Diff orders below:	
<input type="checkbox"/>	enoxaparin 40 mg, Injection, Subcutaneous, q24h, Routine, Start on morning of post-op day 1. If CrCl less than 30mL/min, pharmacy to adjust dose to 30mg SQ q24h. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1
OR	
<input type="checkbox"/>	heparin 5,000 units, Injection, Subcutaneous, q8h, Routine, Start on morning of post-op day 1. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1
AND BOTH CBCs	
<input type="checkbox"/>	CBC w/o Diff Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff Time Study, T+2;0400, Every Other Day, Type: Blood
<input type="checkbox"/>	acetaminophen-HYDROcodone 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N 325 mg-5 mg
<input type="checkbox"/>	morPHINE 2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
<input type="checkbox"/>	famotidine 20 mg, Injection, IV Push, q12h, Routine, T;N
Do Not Administer VTE Prophylaxis	
NOTE: Consider ambulation as early as possible.	
<input type="checkbox"/>	Contraindication-VTE Prophylaxis T;N, Reason: patient has bleeding risk for anticoagulants, and SCDs are contraindicated.
<input type="checkbox"/>	Ambulate T;N
BLEEDING RISK FACTORS	
NOTE: documented bleeding disorder	
SCD CONTRAINDICATIONS	
NOTE: known or suspected deep vein thrombosis or PE	
Laboratory	
NOTE: If not already ordered on pre-admission:	
<input type="checkbox"/>	Basic Metabolic Panel (BMP) T;N, Routine, once, Type: Blood
<input type="checkbox"/>	CBC T;N, Routine, once, Type: Blood
Diagnostic Tests	
<input type="checkbox"/>	Chest 2VW Frontal & Lat T;N, Routine, Reason: _____, Wheelchair
<input type="checkbox"/>	Chest 1VW Frontal T;N, Routine, Reason: _____, Portable
Consults/Notifications	

Date _____ Time _____ Physician's Signature _____ MD Number _____