



Physician Orders ADULT: General Medicine Observation Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
T;N, Phase: General Medicine Observation Phase, When to Initiate: _____

General Medicine Observation Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Outpatient
T;N, Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [] OP OBSERVATION Services Team: _____

- ☐ Vital Signs
☐ *T;N, Monitor and Record T,P,R,BP, q4h(std), for 24 hours, then q-shift (DEF)**
☐ *T;N, Monitor and Record T,P,R,BP, q8h(std)*

Activity

- ☐ Out Of Bed
T;N, Up As Tolerated
- ☐ Bedrest
T;N
- ☐ Bedrest w/BRP
T;N

Food/Nutrition

- ☐ Regular Adult Diet
Start at: T;N
- ☐ Consistent Carbohydrate Diet
☐ *Start at: T;N, 1800 Calorie, Insulin: [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long; Renal Patient:[] No [] Yes, on dialysis [] Yes, not on dialysis*
☐ *Start at: T;N, Caloric Level: 2000 Calorie, Insulin: [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long; Renal Patient:[] No [] Yes, on dialysis [] Yes, not on dialysis*
- ☐ Low Sodium Diet
Start at: T;N, Level: 2 gm
- ☐ American Heart Association Diet
Start at: T;N
- ☐ Dysphagia Diet
Start at: T;N
- ☐ Clear Liquid Diet
Start at: T;N
- ☐ Renal Diet On Dialysis
Start at: T;N
- ☐ Renal Diet Not On Dialysis





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Start at: T;N

- ☐ NPO
 - ☐ *Start at: T;N, Instructions: NPO except for medications (DEF)**
 - ☐ *Start at: T;2359*
 - ☐ *Start at: T;2359, Instructions: NPO except for medications*

Patient Care

- ☐ IV Insert/Site Care
 - T;N, Routine, q4day*
- ☐ Advance Diet As Tolerated
 - T;N, Start Clear Liquids and advance to regular diet as tolerated*
- ☐ Intake and Output
 - T;N, Routine, q8h(std)*
- ☐ Daily Weights
 - T;N*
- ☐ Elevate Head Of Bed
 - T;N, 30 degrees*
- ☐ O2 Sat Spot Check-NSG
 - T;N, with Vital Signs*
- ☐ O2 Sat Monitoring NSG
 - T;N*
- ☐ Code Status
 - T;N*

Respiratory Care

- ☐ Nasal Cannula
 - T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air (DEF)**
 - T;N, 2 L/min*
- ☐ Simple Facemask
 - T;N, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.*
- ☐ BiPAP
 - ☐ *T;N (DEF)**
 - ☐ *T;N, Special Instructions: May use home equipment*

Continuous Infusion

- ☐ Dextrose 5% in Water
 - 1,000 mL, IV, 75 mL/hr*
- ☐ Dextrose 5% with 0.45% NaCl
 - 1,000 mL, IV, 75 mL/hr*
- ☐ Sodium Chloride 0.9%
 - 1,000 mL, IV, 75 mL/hr*
- ☐ Sodium Chloride 0.45%
 - 1,000 mL, IV, 75 mL/hr*





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Medications

- ☐ **+1 Hours** Sodium Chloride 0.9% Bolus
 - ☐ 500 mL, IV Piggyback, once, STAT, (infuse over 30 min) (DEF)*
Comments: Infuse over 30 min, STAT
 - ☐ 1,000 mL, IV Piggyback, once, STAT, (infuse over 60 min)
Comments: Infuse over 60 min, STAT
- ☐ Laxative of Choice Orders Plan(SUB)*
- ☐ **+1 Hours** Maalox Advanced Maximum Strength
15 mL, Oral Susp, PO, q6h, PRN Indigestion
- ☐ **+1 Hours** promethazine
12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine
- ☐ **+1 Hours** diphenhydrAMINE
25 mg, Cap, PO, tid, Itching, Routine
- ☐ **+1 Hours** nitroglycerin
0.4 mg, Tab, SL, q5min, PRN Chest Pain, Routine
Comments: Max: 3 doses in 15 min
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
Comments: Max Dose 4g/day.
- ☐ **+1 Hours** acetaminophen
650 mg, Supp, PR, q4h, PRN Pain or Fever, Routine
Comments: Max Dose 4g/day. Comment: Give if unable to take PO
- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROmorphine
0.5 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine
- For Severe Pain choose ONE of the following orders below(NOTE)*
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROmorphine
1 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☐ Neuro Antihypertensive PRN Meds Plan(SUB)*
- ☐ Antibiotic Formulary Plan(SUB)*
- Insulin Sliding Scale per MD Orders are available to order outside this plan or order Insulin Sliding Scale Protocol below.(NOTE)*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*





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- ☐ Insulin STANDARD Sliding Scale Plan(SUB)*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)*

Laboratory

- ☐ Routine AM Diagnostic Plan(SUB)*
- ☐ Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- ☐ HIV Ab/Ag Screen
Routine, T;N, once, Type: Blood
- ☐ HIV-1,2 Ab/Ag Screen
Routine, T;N, once, Type: Blood
- ☐ Hepatitis Profile (A,B & C)
Routine, T;N, once, Type: Blood
- ☐ TSH
Routine, T;N, once, Type: Blood
- ☐ Lipid Profile
Routine, T;N, once, Type: Blood

Diagnostic Tests: Include Reason for Exam

- ☐ EKG
Start at: T;N, Priority: Stat
- ☐ CT Brain/Head WO Cont
T;N, Routine, Stretcher
- ☐ CT Thorax W Cont Plan(SUB)*
- ☐ CT Abdomen W Cont Plan(SUB)*
- ☐ CT Pelvis W Cont Plan(SUB)*
- ☐ CT Abdomen & Pelvis W/Cont Plan(SUB)*
- ☐ US Abd Comp W/Delay Diet Plan(SUB)*
- ☐ US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*
- ☐ US Ext Lower Ven Doppler W Compress Bil
T;N, Routine

Consults/Notifications/Referrals

- ☐ Notify Physician-Once
T;N, room number on arrival to unit
- ☐ Notify Physician of Chest Pain
T;N, Notify for chest pain unrelieved by nitroglycerin
- ☐ Notify Physician-Once
T;N, Notify: Admitting MD, patient's arrival on floor
- ☐ Notify Resident-Once
T;N, Notify: Admitting Service Resident, notify upon arrival to floor
- ☐ Notify Resident-Continuing
T;N, Notify: Attending MD, any problems or concerns





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- ☐ Notify Physician-Continuing
T;N, Notify: Attending MD, any problems or concerns
- ☐ Case Management Consult
T;N Routine, Reason: Discharge Planning
- ☐ Medical Social Work Consult
T;N, Routine
- ☐ Consult Service Line
T;N
- ☐ Physician Consult
T;N, Routine
- ☐ Physician Group Consult
T;N, Routine

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

