



Physician Orders ADULT
Title: Psychosis Geriatric Orders

attach patient label here

[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

☐ Patient Status Initial Inpatient

Bed Type: ☐ Med Surg ☐ Critical Care ☐ Stepdown ☐ Obstetrics ☐ Other

☐ Patient Status Initial Outpatient

Outpatient Status/Service: ☐ OP-Ambulatory ☐ OP-Diagnostic Procedure ☐ OP-Observation Services

NOTE to MD:

Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.

- “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.

- 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”.

- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.

- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

☐ Notify Physician-Once T;N, room number upon admission

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

☐ Vital Signs T;N, Monitor and Record T,P,R,BP, bid, for 72 hrs then daily

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Patient Care

☐ One to One Observation T;N

☐ Restraint Behavioral 18yrs and older(vio (Restraint Behavioral 18yrs and older(violent,self-destruct T;N, Routine, Site: _____



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Medications		
NOTE: If ordering haloperidol, choose BOTH orders below		
<input type="checkbox"/>	haloperidol	0.5 mg, Tab, PO, q6h, PRN Agitation, Routine, Comment: May give IM if PO refused
<input type="checkbox"/>	haloperidol	0.5 mg, Injection, IM, q6h, PRN Agitation, Routine, Comment If unable to take PO
NOTE: If Haloperidol not ordered, choose ONE medication below		
<input type="checkbox"/>	LORazepam	2 mg, Tab, PO, q6h, Routine, PRN Reason: Other Specify in Comment: May give IM if PO refused for severe psychotic agitation
<input type="checkbox"/>	LORazepam	2 mg, Injection, IM, q6h, Routine, PRN Reason: Other Specify in Comment: For severe psychotic agitation, if unable to take PO
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Tab, PO, q3h, Routine, (for 3 dose), PRN Other Specify in Comments: PRN extrapyramidal symptoms. May give IM if PO refused.
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IM, q3h, Routine, (for 3 dose), PRN Other Specify in Comments: PRN extrapyramidal symptoms. 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
Note: Women 18 -50 except post hysterectomy or post menopausal order Serum Pregnancy below:		
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood
Note: If Patient previously on Lithium: Order Lithium Level below:		
<input type="checkbox"/>	Lithium Level	STAT, T;N, once, Type: Blood
Note: For African American Race only:		
<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: Chest Pain, STAT, Stretcher
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Short of Breath, 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
<input type="checkbox"/>	Notify Physician-Continuing	T;N, for any extrapyramidal symptoms

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