Physician Orders ADULT: General Medicine Admit Plan

Initiate Orders Phase
Non Categorized
☐ Add To Problem List

Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: General Medicine Admit Phase, When to Initiate: ____________________________

General Medicine Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T;N, Admitting Physician: ______________________________________________________
  Reason for Visit:______________________________________________________________
  Bed Type: _____________________________ Specific Unit: __________________________
  Care Team: __________________________________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
  T;N, Attending Physician: ______________________________________________________
  Reason for Visit:______________________________________________________________
  Bed Type: _____________________________ Specific Unit: __________________________

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

Activity
☑ Out Of Bed
  ☐ Up As Tolerated, Ad Lib (DEF)*
  ☐ Up As Tolerated, With Assistance

☐ Bedrest
  Routine, Strict

Food/Nutrition
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
  ☐ Caloric Level: 1800 Calorie (DEF)*, Insulin: [ ] No Insulin [ ] Short Acting
  [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;
  Renal Patient: [ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
  ☐ 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 Salt Diet
  Level: 2 gm

☐ American Heart Association Diet
☐ Dysphagia Diet
☐ Clear Liquid Diet
  Start at: T;N

☐ Renal Diet On Dialysis
☐ Renal Diet Not On Dialysis
☐ NPO
☐ NPO after midnight
  T;2359 (DEF)*
  NPO except for medications, T;2359

Patient Care
☐ IV Insert/Site Care
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Routine, q4day

☐ Advance Diet As Tolerated
   Start Clear Liquids and advance to regular diet as tolerated

☐ Intake and Output
   Routine, q2h(std)

☐ Daily Weights

☐ Elevate Head Of Bed
   30 degrees

☐ O2 Sat Spot Check-NSG
   with Vital Signs

☐ O2 Sat Monitoring NSG

☐ Code Status

Respiratory Care

☐ Nasal Cannula
   2 L/min (DEF)*
   2 L/min, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air

☐ Simple Facemask
   Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

☐ Oxygen-Non Rebreather Mask
   Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

☐ BiPAP
   Special Instructions: May use home equipment

Continuous Infusion

☐ Dextrose 5% in Water
   1,000 mL, Routine, 75 mL/hr

☐ Dextrose 5% with 0.45% NaCl
   1,000 mL, Routine, 75 mL/hr

☐ Sodium Chloride 0.9%
   1,000 mL, IV, Routine, 75 mL/hr

☐ Sodium Chloride 0.45%
   1,000 mL, IV, Routine, 75 mL/hr
   Comments: start after Bolus if bolus ordered

☐ Dextrose 5% NaCl 0.45% KCl 20 mEq
   20 mEq / 1,000 mL, IV, Routine, 75 mL/hr

☐ Dextrose 5% NaCl 0.45% KCl 40 mEq
   40 mEq / 1,000 mL, IV, Routine, 75 mL/hr

Medications

☐ +1 Hours Sodium Chloride 0.9% Bolus
   500 mL, Injection, IV Piggyback, once, STAT, (infuse over 30 min) (DEF)*
   Comments: Infuse over 60 min, STAT

☐ +1 Hours Maalox Advanced Maximum Strength
   15 mL, Oral Susp, PO, q8h, PRN Indigestion

☐ +1 Hours promethazine
   12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
   4 mg, Tab, PO, q8h, PRN Nausea/Vomiting, Routine
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- **+1 Hours** ondansetron
  - 4 mg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine
  - Comments: Give if not improved with oral ondansetron or promethazine.

- **+1 Hours** temazepam
  - 7.5 mg, Cap, PO, hs, PRN Sleep, Routine
  - Comments: May repeat dose in 30 min if necessary

- **+1 Hours** diphenhydramINE
  - 25 mg, Cap, PO, tid, PRN Itching, Routine

- **+1 Hours** nitroglycerin
  - 0.4 mg, Tab, SL, q5min, PRN Chest Pain, Routine
  - Comments: Max: 3 doses in 15 min

- **+1 Hours** LOrazepam
  - 0.5 mg, Tab, PO, tid, PRN Anxiety, Routine

- **+1 Hours** pantoprazole
  - 40 mg, DR Tablet, PO, acb, Routine (DEF)*
  - Comments: DO NOT CHEW, CUT, OR CRUSH
  - 40 mg, Injection, IV Push, QDay, Routine
  - Comments: Give if unable to swallow oral pantoprazole.

- **+1 Hours** famotidine
  - 20 mg, Injection, IV Push, q12h, Routine (DEF)*
  - Comments: Reduce to q24h if CrCl is less than 50 mL/min. Give if unable to swallow oral option.
  - 20 mg, Tab, PO, q12h, Routine
  - Comments: Reduce to q24h if CrCl is less than 50 mL/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, q6h, Pain, Mild (1-3), Routine
  - Comments: Give if unable to swallow oral acetaminophen.

- **+1 Hours** morphine
  - 1 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
  - Comments: Give if unable to swallow oral option.

- **+1 Hours** acetaminophen-HYDROcocodeine 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine

- **+1 Hours** HYDROmorphine
  - 0.5 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
  - Comments: Give if unable to swallow oral option.

  for Severe Pain choose ONE of the following orders below (NOTE)*

- **+1 Hours** morphine
  - 10 mg, Tab, PO, q2h, PRN Pain, Severe (8-10), Routine (DEF)*
  - 2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
  - Comments: Give if unable to swallow oral option.

- **+1 Hours** HYDROmorphine
  - 2 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine (DEF)*
  - 0.5 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
  - Comments: Give if unable to swallow oral option

- **✓** VTE MEDICAL Prophylaxis Plan (SUB)*

- **✓** Neuro Antihypertensive PRN Meds 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)*
- 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
- ANA
  - Routine, T;N, once, Type: Blood
- HIV Ab/Ag Screen
  - Routine, T;N, once, Type: Blood
- RPR Screen w/Reflex to Titer
  - 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**
- 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/WO Cont Plan(SUB)*
- CT Pelvis W/WO Cont Plan(SUB)*
- CT Abdomen & Pelvis W/WO Cont Plan(SUB)*
- US Abd Comp W/Delay Diet Plan (SUB)*
- Renal Ultrasound
  - T;N, Routine, Stretcher
- 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
  - Notify For: room number on arrival to unit
- Notify Physician of Chest Pain
  - Notify for chest pain unrelieved by nitroglycerin
- Notify Physician-Once
  - Notify For: Notify Admitting MD, of patient’s arrival on floor (notify at 0700 if patient arrives after midnight)
- Notify Resident-Once
  - Notify: Admitting Service Resident, Notify For: notify upon arrival to floor
- Notify Resident-Continuing
  - Notify: Attending MD, Notify For: for any problems or concerns
- Notify Physician-Continuing
  - Notify: Attending MD, Notify For: any problems or concerns
- Case Management Consult
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Routine, Reason: Discharge Planning

☐ Medical Social Work Consult
   Routine, Reason for Consult: __________________________

☐ Consult Service Line

☐ Physician Consult
   Routine, Consult Who: ________________________, Reason for Consult: ________________________

☐ Physician Group Consult
   Routine, Consult Who: ________________________, Reason for Consult: ________________________

Date    Time ___________________________ Physician’s Signature ___________________________ MD Number ___________________________

*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