



## Physician Orders ADULT

## Order Set: Gastroenteritis Dehydration Admit Orders

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<b>NOTE to MD:</b>		
<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “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.</li> <li>• 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”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul>		
<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, Routine
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed	T;N, With Assistance
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Regular Adult Diet (Diet Regular Adult)	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Intake and Output	T;N, Routine, q8h(std)
<input type="checkbox"/>	Nasogastric Tube Insert	T;N, To Low Continuous Suction
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Routine





## Physician Orders ADULT

## Order Set: Gastroenteritis Dehydration Admit Orders

[R] = will be ordered

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

Patient Care continued		
<input type="checkbox"/>	Weight	T;N, once
<input type="checkbox"/>	IV Insert/Site Care	T;N,q4day
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,q4day
Respiratory Care		
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT) (O2 Sat-Spot Check (RT))	T;N Routine once
Continuous Infusions		
<input type="checkbox"/>	potassium chloride (D51/2 NS KCl 10 mEq/L)	1,000 mL,IV,Routine,T;N,125 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL,IV,Routine,T;N,125 mL/hr
Medications		
Laboratory		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Calcium Ionized	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Magnesium Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Phosphorus Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Urinalysis	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Clostridium Difficile Toxin Assay A&B	T;N,Routine,once,Type: Stool,Nurse Collect
<input type="checkbox"/>	Ova & Parasites, Stool Concentrate & Permanent Smear	T;N, Routine, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Rotavirus Antigen	T;N,Routine,once,Type: Stool,Nurse Collect
<input type="checkbox"/>	Stool Culture	T;N, Routine, Specimen Source: Stool, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Routine, Stretcher
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, Routine, Stretcher
<input type="checkbox"/>	Abd Sing AP VW	T;N, Routine, Stretcher
<input type="checkbox"/>	US Abd Comp	T;N, Routine, Stretcher
Consults/Notifications		

Date

Time

Physician's Signature

MD Number