

Physician Orders

Care Set: Thyrotoxicosis Orders

[X or R] = will be ordered unless marked out.

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

[X] Admit Patient to Dr. _____

Admit Status: [] Inpatient [] Routine Post Procedure <24hrs [] 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours

expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: [] Med/Surg [] Critical Care [] Stepdown [] Telemetry; Specific Unit Location: _____

[] Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

[X] Vital Signs T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

[] Bedrest T;N

[X] Bedrest w/BRP T;N

[] Out Of Bed T;N, Up Ad Lib

[] Out Of Bed T;N, with assistance

Food/Nutrition

[] NPO Start at: T;N

[] Regular Adult Diet Start at: T;N

[] Clear Liquid Diet Start at: T;N

[] **1800 Calorie ADA Diet (ADA Diet 1800 Calorie)**

[] American Heart Association Diet Start at: T;N
(Wise Diet)

Patient Care

[X] IV Insert/Site Care T;N,q4day

Respiratory Care

[] Nasal Cannula (O2-BNC) T;N, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%

Continuous Infusions

[] Sodium Chloride 0.45% with KCl 20 1,000 mL, IV, Routine, T;N, 100 mL/hr
mEq

Medications

[] propylthiouracil 150 mg, Tab, PO, once, STAT, T;N

[] propylthiouracil 150 mg, Tab, PO, tid, Routine, T;N

[] methimazole 20 mg, Tab, PO, once, STAT, T;N

[] methimazole 10 mg, Tab, PO, q8h, Routine

[] methimazole 20 mg, Tab, PO, q8h, Routine, T;N

[] propranolol 40 mg, Tab, PO, once, STAT, T;N

[] propranolol 40 mg, Tab, PO, tid, Routine, T;N

[] metoprolol 50 mg, Tab, PO, once, STAT, T;N

[] metoprolol 50 mg, Tab, PO, bid, Routine, T;N

[] hydrocortisone 100 mg, Injection, IV Push, once, STAT

[] hydrocortisone 100 mg, Injection, IV Push, q8h, Routine, (3 day)



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Medications continued

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | iodine-potassium iodide | 5 drop, Oral Soln, PO, tid, Routine, (3 day) |
| <input type="checkbox"/> | iodine-potassium iodide | 10 drops, oral solution po TID x 3 days |
| <input type="checkbox"/> | Methylprednisolone (Medrol) Dose Pak Ord (Methylprednisolone (Medrol) Dose Pak Orders) | |
| <input type="checkbox"/> | Methylprednisolone to Prednisone Taper O (Methylprednisolone to Prednisone Taper Orders) | |
| <input type="checkbox"/> | Prednisone PO Taper Orders | |

Laboratory

| | | |
|--------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | TSH | T;N,Routine,once,Type: Blood |
| <input type="checkbox"/> | T4 Free (Free T4) | T;N,Routine,once,Type: Blood |
| <input type="checkbox"/> | T3 Free (Free T3) | T;N,Routine,once,Type: Blood |
| <input type="checkbox"/> | Comprehensive Metabolic Panel (CMP) | T;N,Routine,once,Type: Blood |
| <input type="checkbox"/> | Thyroid Stimulating Immunoglobulin | T;N,Routine,once,Type: Blood |
| <input type="checkbox"/> | CBC | T;N,Routine,once,Type: Blood |

Diagnostic Tests

| | | |
|--------------------------|-------------------------------|--|
| <input type="checkbox"/> | Electrocardiogram (EKG) | Start at: T;N, Priority: Routine, Reason: Other, specify, tachycardia |
| <input type="checkbox"/> | NOTE: | In order for patient to have the following Thyroid Uptake exam, the patient must NOT be on methimazole, propylthiouracil, contrast, synthroid med or Armour thyroid med |
| <input type="checkbox"/> | NM Thyroid Uptake Sing Uptake | T;N, Routine, Stretcher, Reason for Exam: |
| <input type="checkbox"/> | Chest 2VW Frontal & Lat | T;N, Routine, Stretcher, Reason for Exam: |

Consults/Notifications

Date Time Physician's Signature MD Number