



Physician Orders

Care Set: Hyponatremia (SIADH) 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

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

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

Vital Signs T;N, Monitor and Record T,P,R,BP, q8h(std)

Activity

Out Of Bed (Activity As Tolerated) T;N

Bedrest w/BRP T;N

Food/Nutrition

Regular Adult Diet Start at: T;N, Comment: Restrict fluids to 1000ml per day

1800 Calorie ADA Diet (ADA Diet 1800 Calorie)

Patient Care

Restrict Fluids T;N, Routine, 1 liter/day

Respiratory Care

Continuous Infusions

Sodium Chloride 0.9% 1,000 mL,IV,Routine,T;N,100 mL/hr

Medications

Sodium Chloride 3% 250 mL,IV,once, routine, T;N, 30ml/hr PRN for Sodium level less than 130mmol/L, Comment: Sodium level < 130mmol/L; Serum Sodium q6hrs while 3% is being administered

NOTE: Serum sodium q6hr while 3% is being administered

demeclocycline 300 mg,Tab,PO,bid,Routine,T;N

sodium chloride (Sodium chloride 1 g tab) 2 g, Tab, PO, wb/s, Routine, Comment: With breakfast and supper

sodium chloride (Sodium chloride 1 g tab) 2 g, Tab, PO, wm, Routine, Comment: With Meals

Laboratory

Basic Metabolic Panel (BMP) T;N,Routine,once,Type: Blood

Basic Metabolic Panel (BMP) Time Study, T+1;0400, qam, Type: Blood

Comprehensive Metabolic Panel (CMP) T;N,Routine,once,Type: Blood

TSH T;N,Routine,once,Type: Blood

Cortisol Level T+1;0400,Routine,once,Type: Blood



attach patient label here



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Laboratory continued

<input type="checkbox"/>	Sodium Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Osmolality Urine	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Osmolality Serum	T;N,Routine,once,Type: Blood

Diagnostic Tests

<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Routine, Stretcher, Reason:
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Routine, Stretcher, Reason:

Consults/Notifications

<input type="checkbox"/>	Physician Consult (Consult MD)	T;N, Reason for Consult: Hyponatremia
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: attending physician, of any mental status changes

_____ Date

_____ Time

_____ Physician's Signature

_____ MD Number