**Physician Orders ADULT**  
**Order Set: Arterial Insufficiency Acute Orders**

[R] = will be ordered  
T = Today; N = Now (date and time ordered)

<table>
<thead>
<tr>
<th>Height:</th>
<th>cm</th>
<th>Weight:</th>
<th>kg</th>
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**Allergies:**  
- [ ] No known allergies  
- [ ] Medication allergy(s): ________________________________  
- [ ] Latex allergy  
- [ ] Other: ________________________________

**Admission/Transfer/Discharge**
- [ ] Admit Patient to Dr. ________________________________  
- [ ] Admit Status: [ ] Inpatient [ ] Outpatient [ ] Observation  
- **NOTE to MD:**  
  - **Inpatient** - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care  
  - **Outpatient** - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area  
  - **Observation** - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up

<table>
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<tr>
<th>Bed Type:</th>
<th>[ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: ________________________________</th>
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- [ ] Notify physician once T;N, of room number on arrival to unit

**Primary Diagnosis:**  
- ________________________________

**Secondary Diagnosis:**  
- ________________________________

**Food/Nutrition**
- [ ] NPO  
  - Start at: T;N, Instructions: NPO except for medications
- [ ] Consistent Carbohydrate Diet  
  - T;N, Caloric Level: 1800 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
- [ ] American Heart Association Diet  
  - (Wise Diet)  
  - Start at: T;N, 2 gm

**Patient Care**
- [ ] Intake and Output  
  - T;N, Routine
- [ ] Daily Weights  
  - T+1:0600, qam
- [ ] Ankle Brachial Index Assess  
  - T;N
- [ ] Heelbos Apply  
  - T;N
- [ ] Consent Signed For  
  - T;N

**Respiratory Care**
- [ ] Nasal Cannula (O2-Nasal Cannula)  
  - T;N, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 92%

**Continuous Infusions**
- [ ] Potassium chloride (D51/2 NS KCl)  
  - 20 mEq  
  - 1,000 mL, IV, Routine, 50 mL/hr
- [ ] Sodium Chloride 0.9% (Normal Saline)  
  - 1,000 mL, IV, Routine, T;N, mL/hr
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### Laboratory

| [ ] | Comprehensive Metabolic Panel (CMP) | T;N,Routine,once,Type: Blood |
| [ ] | CBC | T;N,Routine,once,Type: Blood |
| [ ] | Prothrombin Time (PT/INR) | T;N,Routine,once,Type: Blood |
| [ ] | Partial Thromboplastin Time (PTT) | T;N,Routine,once,Type: Blood |

### Diagnostic Tests

| [ ] | Electrocardiogram (EKG) | Start at: T;N, Priority: Routine, Transport: Stretcher |
| [ ] | Chest 1VW Frontal | T;N, Routine, Portable |
| [ ] | Chest 2VW Frontal & Lat | T;N, Routine, Stretcher |

__________________          __________________       _________________________________________________        __________________

Date                              Time                              Physician’s Signature                                              MD Number