Methodist Le Bonheur Healthcare℠

Physician Orders ADULT
Order Set: Arterial Insufficiency Acute Orders

[R] = will be ordered
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 [ ] 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
	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: _____	

	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**

CARD Arterial Insufficiency Acute - 20403-QM1108-
Ver5 Rev021015