



attach patient label here

Physician Orders ADULT
Order Set: ED Clinical Decision Unit Status 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

Patient Status Initial Outpatient T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: OP OBSERVATION Services

Primary Diagnosis: _____

Secondary Diagnosis: _____

Transfer Pt within current facility Bed Type: CDU for Observation

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

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

Vital Signs Monitor and Record T,P,R,BP, q6h(std)

Activity

Bedrest w/BRP Routine

Out of Bed Up as tolerated

Up To Chair Up as tolerated

Food/Nutrition

Regular Adult Diet (Regular Diet) Start at: T;N

Consistent Carbohydrate Diet Caloric Level: _____ 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

Sodium Control Diet Start at: T;N, Level: 2 gm, Adult (>18 years)

American Heart Association Diet Start at: T;N, Adult (>18 years), Low Sodium





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Patient Care		
<input type="checkbox"/>	Whole Blood Glucose Nsg	Routine, q1h
<input type="checkbox"/>	Whole Blood Glucose Nsg	Routine, q2h
<input type="checkbox"/>	Whole Blood Glucose Nsg	Routine, q4h
<input type="checkbox"/>	Whole Blood Glucose Nsg	Routine, q6h
<input type="checkbox"/>	Intake and Output	Routine
<input type="checkbox"/>	O2 Sat Spot Check-NSG	
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula) 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92-94%	
<input type="checkbox"/>	Simple Facemask	Routine, 10 L/min Comment: titrate to keep O2 sat greater than or equal to 92-94%
<input type="checkbox"/>	Venti mask	Routine, 28 % O2 , Comment: titrate to keep O2 sat greater than or equal to 92-94%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL,IV,Routine,100 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL,IV,Routine,100 mL/hr
Medications		
NOTE: Order Antibiotics and/or Steroids as appropriate		
<input type="checkbox"/>	famotidine	20 mg, Tab, PO, bid, Routine Comment: Reduce to q24h if CrCl is less than 50 mL/min.
<input type="checkbox"/>	pantoprazole	40 mg, DR Tablet, PO, Qday, Routine
<input type="checkbox"/>	pantoprazole	40 mg, Granule, NG, Qday, Routine
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous, q8h, Routine
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous,bid, Routine,
<input type="checkbox"/>	enoxaparin	40 mg, Injection, Subcutaneous, q 24h, Routine,
<input type="checkbox"/>	zolpidem	5 mg, Tab, PO, hs, PRN Insomnia, Routine, T;N
NOTE: Choose one below for fever/mild pain :		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, once, PRN, fever or Mild Pain, Routine, T;N,
<input type="checkbox"/>	ibuprofen	600 mg, Tab, PO, once, PRN, fever or Mild Pain, Routine, T;N,



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Laboratory		
<input type="checkbox"/>	CBC	Routine, T+1; 0400, once, Blood
<input type="checkbox"/>	BMP	Routine, T+1; 0400, once, Blood
<input type="checkbox"/>	CMP	Routine, T+1; 0400, once, Blood
<input type="checkbox"/>	Magnesium Level	Routine, T+1; 0400, once, Blood
<input type="checkbox"/>	Hematocrit and Hemoglobin	Routine, T+1; 0400, once, Blood
<input type="checkbox"/>	CK	Time Study, T;N, q3h x 3 occurrence, Blood
<input type="checkbox"/>	Troponin- I	Time Study, T;N, q3h x 3 occurrence, Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	Routine, T;N, Special Needs _____, Number of units Ordered: _____, Special Needs: _____, Specimen Type: _____, Nurse Collect: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Transfuse PRBC's - ED or OP	Routine, T;N, Reason for Transfusion _____, Transfusion Date Expected: _____ Number of Units Requested: _____
<input type="checkbox"/>	Hold PRBC	Routine, T;N
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram	T+1; 0600, Routine, Reason for Exam : Chest Pain/Angina/MI
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	Notify For: of room number on arrival to unit

Date **Time** **Physician's Signature** **MD Number**