![Methodist Le Bonheur Healthcare logo]

Physician Orders ADULT
Order Set: Syncope Observation Plan

[R] = will be ordered
T= Today; N = Now (date and time ordered)
Height: _____cm Weight: _____kg

Related Order Sets:

Allergies:	[ ] No known allergies
[ ]Medication allergy(s):_____	
[ ] Latex allergy [ ]Other:_____	

	When to initiate	
[ ]	Initiate Powerplan Phase	T;N, Phase: Syncope Observation Plan

	Admission/Transfer/Discharge	
[ ]	Patient Status Initial **Outpatient**	Attending Physician: _____
	Outpatient Status/Service: [ ] OP-Ambulatory [ ] OP-Diagnostic Procedure [X] OP-Observation Services	
	NOTE to MD:	
	<u>Initial status – inpatient</u> --- **For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.**	
	<u>Initial Status Outpatient – Ambulatory surgery</u> – **Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.** • **Routine recovery after outpatient surgery is estimated at 6-8 hours.** • **"Extended" routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.** • **For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of "status change".** • **Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.**	
	<u>Initial status Outpatient -Observation Services</u> – **Short term treatment, assessment and reassessment - estimate discharge within 24 hours** • **In some cases (for Medicare patients), this can be extended to 48 hours.** • **Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.**	
[ ]	Notify physician once	T;N, of room number on arrival to unit

Primary Diagnosis: **Syncope**
Secondary Diagnosis: _____

	Vital Signs	
[ ]	Vital Signs w/Neuro Checks	T;N, Routine, Monitor and Record T,P,R,BP q4h(std),
[ ]	Orthostatic Blood Pressure	T;N, STAT and q4h for 24 hours, Comment: record BP and HR

	Activity	
[ ]	Bed Rest	T;N, Routine
[ ]	Bed Rest w/BRP	T;N, Routine
[ ]	Ambulate	T;N, Routine, Ambulate with assistance

	Food/Nutrition	
[ ]	NPO	T;N
[ ]	Clear Liquid Diet	T;N, Age Group: Adult (>18years)
[ ]	Regular Adult Diet	T;N
[ ]	**ADA Adult Diet 1800 Cal Plan (Print separate sheet)**	
[ ]	Sodium Control Diet	Start at: T;N, Level: 2gm, Age Group: Adult (>18years)

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Rev.022613

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	Patient Care	
[ ]	Intermittent Needle Therapy Insert/Site Care	T;N, STAT, q4day
[ ]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N STAT
[ ]	Telemetry	T;N, STAT, continuous
[ ]	O2 Sat Monitoring NSG	T;N, Routine, q shift
[ ]	Instruct/Educate	T;N, Routine, Provide patient/family with pamphlet for: _____
	Respiratory Care	
[ ]	ABG - RT collect	T;N, STAT, Once
[ ]	Nasal Cannula	T;N, Routine, 2 L/min, Special Instructions: Titrate to keep 02 Sat greater than or equal to 92%
	Continuous Infusions	
[ ]	Sodium Chloride 0.9%	1,000 mL, IV, Stat, T;N, 75 mL/hr
[ ]	Sodium Chloride 0.45%	1,000 mL, IV, Stat, T;N, 75 mL/hr
[ ]	Dextrose 5% with 0.45 % NaCl	1,000 mL, IV, Stat, T;N, 75 mL/hr
	Medications	
[ ]	Sodium Chloride 0.9 % (Sodium Chloride 0.9% Bolus)	500mL, IV Piggyback, once, STAT, T;N, 1,000 mL/hr
[ ]	naloxone	0.4 mg, Injection, IV Push, once, STAT, T;N
[ ]	thiamine	100 mg, IV Piggyback, IV Piggyback, Once,STAT, T;N
[ ]	acetaminophen	650mg, Tab, PO, q6h, PRN, Reason: for pain or headache, T;N
[ ]	acetaminophen	650mg, Supp, PR, q6h, PRN, Reason: for pain or headache, T;N
	NOTE: Select Aspirin below or Reason Not Given	
[ ]	aspirin	324mg, chew tab, PO once, STAT,T;N, Comment: Use 81 mg x 4 chew tabs. **Do not administer if given in the ER**
[ ]	Reason Aspirin Not Given on arrival	**T;N, Reason: [ ] Given in ED, [ ] Received within 24 hrs of hospital arrival, [ ] Other**
	Laboratory	
[ ]	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	CMP	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	CKMB	Time Study, T;N, q4h x 2, Type: Blood, Nurse Collect
[ ]	Troponin-I	Time Study T;N, q4h x 2, Type: Blood, Nurse Collect
[ ]	BNP-Pro	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	Alcohol Level	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Nurse Collect
[ ]	Lactic Acid Level	STAT, T;N, once, Type: Blood, Nurse Collect.
[ ]	Drug Abuse Screen Urine	STAT, T;N, once, Type: Urine, Nurse Collect

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	Laboratory (continued)	
	NOTE: If possibility of pregnancy, order one below:	
[ ]	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood, Nurse Collect.
[ ]	Pregnancy Screen Urine Point of Care	T;N, STAT, once
[ ]	Type and Screen	Routine, T;N, Type: Blood
[ ]	Type and Crossmatch PRBC	Routine, T;N, __ unit(s), Type: Blood, Special Needs _____
[ ]	Transfuse PRBC's Actively Bleeding	Routine, T;N, Reason for transfusion (see below): [ ] Not responsive to (1L) fluid bolus, [ ] H/H </=8/24 & Coronary Artery Disease, [ ] H/H </= 8/24 & postoperative, [ ] Fall in Hgb of 2g /dL in 24 hrs & Hgb<8g/dL, [ ] Other Specify_____, Transfusion Date Expected _____, Number of Units Ordered_____, Type: Blood
[ ]	Transfuse PRBC's Not Actively Bleeding	Routine, T;N, Reason for transfusion (see below): [ ] Hgb </=7 g/dL or Hct</= 21%, [ ] H/H </= 8/24 & CAD, [ ] H/H </= 8/24 & postoperative, [ ] Tachycardia/hypotens not respond to vol, [ ] Other Specify_____, Transfusion Date Expected_____, Number of Units Ordered _____ , Type: Blood
[ ]	Hold PRBC's	Routine, T;N, Reason for Hold: [ ] To administer in OR, [ ] To Administer in Cath Lab, [ ] For Bedside Procedure, [ ] Other Specify_____, Transfusion Date Expected_____, Number of Units Ordered_____, Type: Blood
	Diagnostic Tests	
[ ]	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT, Reason: Syncope, Transport: Stretcher
[ ]	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Syncope, STAT, Portable
[ ]	CT Head/Brain WO Cont	T;N, STAT, Reason for exam: Syncope
[ ]	CT Head/Brain W Cont	T;N, STAT, Reason for exam: Syncope
[ ]	TTE Adult Echo W/Contrast if Necessary	Start at T;N, Stat Reason for Exam: Syncope, Requested Reading MD: _____, Stretcher
[ ]	NM Pulm Ventilation and Perfusion Img (VQ Lung Scan)	T;N, Reason for Exam: Syncope, Stat, Stretcher

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	Diagnostic Tests	
[ ]	**CT Thorax W Cont Plan**	(Print Separate Sheet) Reason for Exam: Syncope
[ ]	**MRI Brain & Stem W/WO Cont PLAN**	(Print Separate Sheet) Reason for Exam: Syncope
[ ]	**MRI Spine Cerv W/WO Cont PLAN**	(Print Separate Sheet) Reason for Exam: Syncope
	Consults/Notifications	
[ ]	Clin Spec Adult Cardiology Order Consult	T;N, Routine, Once, Reason for Consult: _____
[ ]	Consult Service Line	T;N, Reason for Consult: _____
[ ]	Consult Service Line	T;N, Reason for Consult: _____
[ ]	Physician Consult	T;N, Routine, Consult: _____ Reason for Consult: _____
[ ]	Physician Consult	T;N, Routine, Consult: _____ Reason for Consult: _____
[ ]	Case Management Consult	T;N, Routine, Reason for Consult: Discharge Planning
[ ]	Case Management Consult	T;N, Routine, Reason for Consult: Home Care

_____ _____ _____ _____

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