



Last Admit Date:

ADMISSION ORDERS

<b>DIAGNOSIS</b>	
ADMIT TO Dr.	(with Dr. covering) <input type="checkbox"/> Hospitalist
STATUS	<input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)	
SERVICE	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho
CONDITION	<input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR
CONSULT	<input type="checkbox"/> Dr. <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM
CONTACT MD	<input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders
ACTIVITY	As tolerated Bedrest Bathroom Priv With assistance PT Consult
NURSING	None Foley cath Skin care team Daily weight I/O every shift Strain urine <input type="checkbox"/> Telemetry x 24 48 hours
VITALS	Routine Neuro Check every _____ hours X 24 hours Other: _____
DIET	As tolerated 2000 cal. ADA Clear liquids NPO Except meds
IVF	<input type="checkbox"/> NS at _____ cc/hour Plus 10 20 40 mEq KCl/L <input type="checkbox"/> Saline lock
AM STUDIES	CBC BMP CMP Lipase ETOH EKG _____ @ _____ AM Chest X-ray
<b>MEDICATIONS / ORDERS</b> (If Checked) As Follows:	<input type="checkbox"/> AC/HS fingerstick BS: [(BS - 100) / 30] = # units Regular Insulin SQ for BS ≥ 200
	<input type="checkbox"/> CKMB / Troponin every 3 hrs x 2 (Includes Initial Done in ED), then daily x 1. <b>TELEMETRY X 48 hrs- Call MD if Positive.</b> EKG every 3 hrs x 2 and PRN Chest Pain (Includes Initial Done in ED), then daily x 1. <b>Call MD if positive.</b>
	<input type="checkbox"/> Use <u>Adult PRN Medication Protocol</u> (Attending will sign form on rounds)
	<input type="checkbox"/> Morphine 2 4 6 10 mg IV or IM every 2 3 4 6 8 hrs prn (severe pain)
	<input type="checkbox"/> Percocet (5 / 325) 1 PO every 4 hrs prn mild to moderate pain
	<input type="checkbox"/> Zofran 2 4 8 16 mg IV every 4 hrs prn nausea
	<input type="checkbox"/> Rocephin 1/2 1 2 gram(s) IV every 12 or 24 hrs
	<input type="checkbox"/> Zosyn 2.25 3.375 4.5 grams IV every 6 hrs
	<input type="checkbox"/> Zithromax 500 mg IV every 24 hrs
	<input type="checkbox"/> Levaquin 500 750 mg IV every 24 hrs
<input type="checkbox"/> Solumedrol 40 60 80 125 mg IV every 4 6 8 hrs	
<input type="checkbox"/> Albuterol / Atrovent jet neb every 2 3 4 6 hrs and PRN w/ pulse oximetry	
<input type="checkbox"/> Protonix 40 mg PO or IV every 8 12 24 hrs	
<input type="checkbox"/> O2 : 2-4 L/M Nas. Canula PRN Ventimask: 30% 40% 50% Non-RB	
<input type="checkbox"/> NTG paste 1/2 3/4 1 inch to ACW every 8 hrs. Hold for sBP ≤ 100 or HR ≤ 50	
<input type="checkbox"/> Lovenox 1 mg / kg SQ BID. D/C if final set of cardiac enzymes Negative	
<input type="checkbox"/> ASA 325 81 mg po every day	
<input type="checkbox"/> Lopressor 25 50 mg po BID	
<input type="checkbox"/> Lasix 20 40 80 mg IV every 8 12 hours	
<b>OTHER</b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____

Physician Offices-For the most updated form please visit [www.coffeeregional.org](http://www.coffeeregional.org) and print from the "For Our Physicians" link.

Patient Name and DOB