



1 PO

Last Admit Date:

OB HYPEREMESIS ADMISSION ORDERS

DIAGNOSIS	
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	
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	
1. NPO <input type="checkbox"/> Advanced as tolerated <input type="checkbox"/> DO NOT advance until MD approves	
2. <input type="checkbox"/> CBC with diff <input type="checkbox"/> CMP Urinalysis: <input type="checkbox"/> Routine	
3. IVF: <input type="checkbox"/> LR bolus x 1 liter <input type="checkbox"/> LR at 125 ml/hr <input type="checkbox"/> Banana Bag once daily	
4. Fetal Heart Tones Per Doppler if less than 20 weeks NST every shift if over 20 weeks	
MEDICATION ORDERS (if Checked)	<input type="checkbox"/> Pepcid 20 mg every 12 hrs IV <input type="checkbox"/> Reglan 10 mg every 6 hrs IV <input type="checkbox"/> Compazine 10 mg every 6 hrs IV <input type="checkbox"/> Zofran 4mg every 4 hrs IV PRN <input type="checkbox"/> Phenergan 25 mg every 6 hrs IM PRN <input type="checkbox"/> Tylenol 650mg PO every 4 hrs PO PRN
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Physician Offices— For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link. </div>
Date/time _____ Physician _____	

LAST, FIRST MNAME ROOM-BED s
 V1234 t 04/30/2008 M1234 m
 04/30/2008 00M 07D

