



PHYSICIAN'S PREPRINTED ORDERS

TITLE:	ADMISSION ORDERS
PHYSICIAN/GROUP:	EIRMC HOSPITALIST SERVICE

1. **Diagnosis** _____

2. Place in EIRMC Hospitalist Program
 Admit as an inpatient to _____ Telemetry
 Place as outpatient with observation services to _____ Telemetry

3. **Allergies:**
 NKDA
 Other _____

4. **Code Status**
 Full
 Do Not Resuscitate

5. **Vital Signs:**
 Q 2 hr Q 4 hr Q shift
 Other _____
 Neuro Checks Q _____
 ETCO₂
 Daily weights

6. **Activity:**
 Physical Therapy eval and PT with ROM
 OT Consult
 ST Consult
 BR privileges
 OOB with assist
 OOB ad lib

7. **Diet:**
 Regular
 ADA _____ cal diet
 AHA diet
 NPO
 NPO except meds
 Consult Nutrition

8. O₂ @ _____ L/min Titrate From _____ to _____
 Pulse Oximeter ABG

9. **Smoking Cessation counseling if indicated**

10. **Vaccines:** Pneumovax IM and seasonal Flu vaccine, if indicated

11. **IV:** Saline Lock IV Electrolyte Protocol
 IV _____ @ _____/hr

12. **DVT Prophylaxis:**
 Lovenox _____ mg SubQ every _____ hr
 Arixtra _____ mg SubQ every _____ hr
 Heparin 5000 units SubQ every _____ hr
 SCDs bilaterally
 Removable IVC filter in AM
 Other _____
 Contraindication: _____

13. **Other Medications:**
 Zofran 4 mg IV or PO q 4 hr severe nausea
 Colace 100 mg PO BID with 8 ounces of water
 Metamucil 1 packet with water daily BID prn
 Dulcolax 10 mg PR now daily prn
 Other _____
 Nicotine patch _____ mg q 24 hr
 Tylenol 650 mg q 4 hours PO or PR prn mild pain or temp>101.5
 Morphine _____ mg IV q _____ hr prn severe pain
 Fentanyl _____ mcg IV q _____ hr prn severe pain
 Hydrocodone/APAP _____ mg q _____ hr prn moderate pain
 PCA (see order sheet)
 Consult Pain Management Service

 Pharmacy consult for _____

14. **Labs, in AM:**
 CBC & diff Chem 13 UA, C/S if indicated
 Procalcitonin Chem 7 Lactate
 ESR PT/INR
 CRP ABG
 Other _____

15. **Imaging, in AM:**
 CXR, PA and Lat
 CXR, Portable

Signature _____

Date _____



Patient Identification