

Admission Orders

**A GENERIC EQUIVALENT DRUG APPROVED BY THE MEDICAL STAFF MAY SUBSTITUTED UNLESS OTHERWISE STATED.  
DO NOT USE ABBREVIATIONS: U, IU, QD, QOD, MS04, MgSO4, MS, SQ, trailing or leading zero**

Admitting Diagnosis:	Allergies/Sensitivities:	Weight: _____ kg	Height: _____
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**PHYSICIAN: Check all appropriate boxes, only orders checked will be transcribed.**

Attending:      Dr.: \_\_\_\_\_

Level of Care:

Inpatient Admission (Must meet medical necessity)

Surgical Outpatient (23 hrs / ODS)

Observation

Code status:       Full Code       Do Not Resuscitate (completed form in chart)

Diagnostics:       CBC \_\_\_\_\_  H/H \_\_\_\_\_  CMP \_\_\_\_\_  BMP \_\_\_\_\_  PT \_\_\_\_\_  PTT \_\_\_\_\_  UA \_\_\_\_\_

Other: \_\_\_\_\_

Diet:       NPO except Ice chips       NPO except meds       Regular Diet       No free sweets       Cardiac Diet

Other: \_\_\_\_\_

Activity:       OOB to chair       Ambulate three time a day       Bedrest       OOB ad lib

Vital Signs:       Per Protocol       Vital Signs: \_\_\_\_\_       Pulse oximetry: \_\_\_\_\_

Notify physician if: \_\_\_\_\_

Treatments:       EKG       Foley catheter to gravity       Intake and Output

Oxygen \_\_\_\_\_ liters/minute via \_\_\_\_\_ PRN SOB or oxygen saturation less than 92%

Other: \_\_\_\_\_

IV Fluids:       IV: \_\_\_\_\_ at \_\_\_\_\_ mL/hour       Saline lock, flush per protocol

IV: \_\_\_\_\_ at \_\_\_\_\_ mL/hour

Medications:      GI Prophylaxis:

Famotidine (Pepcid) 20 mg PO bid (pharmacy may adjust on renal function)

OR

Omeprazole (Prilosec) 20mg PO daily       Other: \_\_\_\_\_

Docusate (Colace) 100mg PO twice a day       Other: \_\_\_\_\_

DVT Prophylaxis:

see DVT prophylaxis sheet       Other: \_\_\_\_\_

Other: \_\_\_\_\_

Sliding Scale for insulin:      Aspart (Novolog) insulin SubCutaneous sliding scale all in UNITS. Call MD or NP if blood sugar less than 60

<input type="checkbox"/> Use scale before meals <input type="checkbox"/> Use scale at bed time 60-150: 0 151-200: 2 units 201-250: 4 units 251-300: 6 units 301-350: 8 units 351-400: 10 units 401-450: 12 units Greater than 450: 15 units and call MD or NP	<b>OR</b>	<input type="checkbox"/> Use scale before meals <input type="checkbox"/> Use scale at bedtime 60-100: _____ 101-150: _____ 151-200: _____ 201-250: _____ 251-300: _____ 301-350: _____ 351-400: _____ 401-450: _____ Greater than 450: _____ units and call MD or NP
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<b>PRNs:</b>	<input type="checkbox"/> Maalox 30mL PO q8 hour PRN heartburn <input type="checkbox"/> MOM concentrate 10mL PO q12 hour PRN constipation <input type="checkbox"/> Bisacodyl (Dulcolax) supp 10mg Per Rectum daily PRN constipation and no relief with MOM (notify MD if used) <input type="checkbox"/> Zolpidem (Ambien) 5mg PO qHS PRN insomnia <input type="checkbox"/> Ondansetron (Zofran) 4mg IV q6 hour PRN nausea <input type="checkbox"/> Prochlorperazine (Compazine) 10mg IV q6 hour PRN nausea if not relieved by ondansetron <input type="checkbox"/> Robitussin DM 10mL PO q4 hour PRN cough <input type="checkbox"/> Hydrocodone/homatropine (Hycodan) 5mg/1.5mg one tab PO q6 hour PRN severe cough <input type="checkbox"/> Albuterol (Proventil) nebulized 2.5mg/3ml NEBULIZER q4 hour PRN shortness of breath <input type="checkbox"/> Nitroglycerin 1/150 gr one Sublingual q5 minutes x 3 PRN chest pain <input type="checkbox"/> Multiple vitamin with minerals one PO daily <input type="checkbox"/> Other: _____	
<b>Pain:</b>	<input type="checkbox"/> Mild: Acetaminophen (Tylenol) 650mg PO every 4 hour PRN mild pain or for temp >101.5F. <input type="checkbox"/> Moderate: _____ <input type="checkbox"/> Severe: _____	
<b>Consults</b>	<input type="checkbox"/> Social Services Reason: _____ <input type="checkbox"/> Nutrition Reason: _____ <input type="checkbox"/> Physician Consults (complete consultation request form): _____  <input type="checkbox"/> Occupational Therapy Consult <input type="checkbox"/> Physical Therapy evaluate and treat <input type="checkbox"/> Smoking cessation education for smokers	
<b>Additional Medications:</b>	_____ _____ _____	
<b>Other:</b>		
<b>Ordering Physician:</b>	<b>Time:</b>	<b>Date:</b>
<b>Telephone Order for admission</b> <input type="checkbox"/>		
<b>Telephone orders received from:</b> _____		
<b>Read back of orders completed</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
RN Signature		Date/Time
<b>RN Signature:</b>	<b>Time:</b>	<b>Date:</b>
<b>Attending Physician:</b>	<b>Time:</b>	<b>Date:</b>