Chest Pain – R/O MI Orders

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit or OBS to monitored unit: [ ] Telemetry [ ] CCU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Chest Pain – R/O MI
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 1 hr until stable for 4 hr, then Q 4 hr. Call MD if: P < 50 or > 110, BP < 90/60 or > 150/90, R > 25, chest pain unrelieved with 3 NTG *or* CP with EKG changes *or* MSO_4 given.
7. Activity:	Bed rest with bedside commode.
8. Nursing:	I/O Q shift; weight on arrival and each am; STAT EKG for significant chest pain *or* arrhythmia; arrhythmia protocol.
9. Diet:	AHA step I diet without caffeine.
10. IV:	Hep-Lock
11. Meds:	Meds: O_2 @ [ ] 2 [ ] 4 [ ] 6 Liters/min via [ ] NC *or* [ ] FM. Nitropaste 0.5" topically Q 8 hr. ASA Enteric Coated 325 mg PO now and Q am. NTG 1/150 SL prn CP, may repeat Q 5 min until pain free or max = 3 abs/episode. MSO_4 2-10 mg SIVP Q 30 min prn severe chest pain. Tylenol 500 mg 2 PO Q 4 hr prn HA or pain. Ambien 10 mg PO QHS prn insomnia. MOM 30 cc PO Q am prn constipation. Maalox 30 cc PO QID prn indigestion.
12. Other Meds:	
13. Labs:	Total CK, monoclonal CK-MB, troponin I on admission (if not done in ER) and 8 hr later for total of 2. Call if abnormal. Hemogram, if not done in ER. Basal met profile, if not done in ER. Lipid profile in am. CXR (portable) if not done in ER. EKG on admission (if not done in ER) and Q am.

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Signature

Asthma

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit or OBS to: [ ] Medical floor [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Asthma
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 1 hr until stable for 4 hr, then Q 4 hr.
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	Spot pulse ox on arrival to floor and with nebulizer treatments. PEFR pre and post nebulizer treatments; record on chart. Call MD if: P < 50 or > 110; BP < 90/60 or > 160/100; RR > 30; pulse ox < 90%; decreased LOC; respiratory distress.
9. Diet:	Clear liquids x 12 hr.
10. IV:	
11. Meds:	O_2 @ [ ] 2 [ ] 4 [ ] 6 Liters/min via [ ] NC or [ ] FM. Albuterol nebulizer (2.5 mg in 3 cc NaCl) Q ___ hr. Methylprednisolone 125 mg IV bolus followed by 80 mg IVPS Q 6 hr. Tylenol 500 mg 1-2 PO Q 4-6 hr prn pain/T > 101°F. MOM 30 cc PO Q 12 hr prn constipation. Maalox 30 cc PO Q 2-4 hr prn indigestion. Benadryl 50 mg PO @ bedtime prn insomnia.
12. Other Meds:	
13. Labs:	Hemogram; basal metabolic profile; ABG if pulse ox < 90%, respiratory distress or altered consciousness.
14. Other:	Consider DVT prophylaxis with: Lovenox 40 mg SQ Qd or Heparin 5000 U SQ bid.

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Signature

Cerebrovascular Accident (CVA)

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit or OBS to monitored unit: [ ] Telemetry [ ] CCU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: CVA
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr, then routine. Neurologic checks Q 4 hr x 24 hr, then routine. Call MD if: BP > 220 systolic or > 120 diastolic; P < 60 or > 120; new or worsening neurological symptom; altered mental state.
7. Activity:	Bed rest with bedside commode.
8. Nursing:	I/O Q shift. CT of head without contrast if not previously done in ER.
9. Diet:	Clear liquids as tolerated.
10. IV:	D5 1/2 normal saline with 20 mEq KCl/L at 80 mL/hr or _____
11. Meds:	O_2 @ [ ] 2 [ ] 4 [ ] 6 L/min via [ ] NC or [ ] FM. ASA 81 mg PO Qd. Heparin 5000 U SQ Q 12 hr.
12. Other Meds:	
13. Labs:	PT, PTT, hemogram, SMA 12.
14. Other:	Consider DVT prophylaxis if head CT negative with Lovenox 40 mg SQ Qd or Heparin 5000 U SQ bid.

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Signature

DVT Discharge Orders

- Discharge to home.

- Schedule follow-up appointment with Dr. _____
  phone: _____-_____ in _____ days.

- Notify _____ [insert name of home health agency] phone: _____-_____
  that a patient on Lovenox is being discharged.

- Call and then fax Coumadin referral form to Coumadin clinic notifying them that a patient on Lovenox is being discharged.

- DO NOT DISCHARGE if unable to contact _____ [insert name of clinic, practice or home-health agency] and notify family physician on call.

- Please fax copy of home-health orders to: _____-_____.

Dementia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to medical floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Dementia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Routine
7. Activity:	Precautions for falls (if appropriate)
8. Nursing:	Neurologic checks Q 4 hr x 24 hr.
9. Diet:	
10. IV:	
11. Meds:	Haldol 1-2 mg PO Q hr prn agitation.
12. Other Meds:	
13. Labs:	CT head without contrast TSH, VDRL, B12, CBC, chem 7, SGOT Optional labs (if appropriate): [ ] Lyme, [ ] Urine for lead and heavy metals, [ ] Sedimentation rate if possible stroke or temporal arthritis, [ ] HIV if younger than 50 yr or risk factors, [ ] Lumbar puncture if younger than 50 yr.

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Signature

Diabetic Ketoacidosis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Diabetic ketoacidosis
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Orthostatic BP, pulse and RESP Q 1 hr x 6, then Q 2 hr x 3, then Q 4 hr; temp Q 4 hr.
7. Activity:	Bed rest with bathroom privileges, ad lib beginning tomorrow.
8. Nursing:	I/O Q 1 hr x 6, then Q 4 hr x 3, then Q day. Dipstick urine, chart glucose and acetone Q shift. Call physician if urine output < 15 mL/hr. Finger stick glucose 1, 2, 6 and 10 hr after admission; call MD with results. Weigh daily.
9. Diet:	NPO for 12 hr, then clear liquids as tolerated; progress to 1,500-calorie ADA as tolerated.
10. IV:	#1 – 1000 mL normal saline at 1000mL/hr. #2 – 1000 mL normal saline with 20 mEq KCl at 500mL/hr. #3 – 1000 mL normal saline with 20 mEq KCl at 500mL/hr. #4 – 1000 mL 1/2 normal saline with 20 mEq KCl at 250mL/hr. #5 – 1000 mL D5-1/2 NS with 20 mEq KCl at 250mL/hr when glucose < 250 mg per dL.
11. Meds:	Regular insulin (0.1 U/kg) _____ units IV bolus then regular insulin infusion (0.1 U/kg/hr.) _____ U/hr.
12. Other Meds:	Consider KCl if K+ normal or low.
13. Labs:	SMA-7 at admission and at 4, 8, and 12 hr after admission. Serum ketones with first, second and third blood draw. CBC, urinalysis with C&S. ABGs at admission; PO_4, magnesium and calcium at admission.
14. Other	Call MD if: BP < 90/60 or > 170/110, P 130 or T > 39°C. If magnesium is 1.4-1.8 mg/dL, supplement 1g MgSO4 IVPB over 30 min; if magnesium is less than 1.4 mg/dL, supplement 2g MgSO4 IV piggyback over 30 to 60 min. If both magnesium and PO4 are low, supplement magnesium first. If PO4 is 1.0-1.8 mg/dL, supplement orally if possible with skim milk or Neutra-Phos; if PO4 is 0.5-1.0 mg/dL, supplement IV with 0.08 mM/Kg KPO4 in 250cc NS over 4 hr.; if PO4 is < 0.5 mg/dL, supplement IV with 0.16 mM/Kg KPO4 in 250cc NS over 4 hr. With all IV supplementation check calcium Q 4 hr. After all infusions complete, immediately check PO4 level. If calcium supplementation is necessary, do not give in same IV line as PO4. If pH < 7.1, add 1 amp (44meq) of Na Bicarbonate to bag. NS Q 2 hr until pH > 7.1. ABG Q 4 hr (if treating with bicarbonate). Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Deep Vein Thrombosis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to medical floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: DVT
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q shift
7. Activity:	Bed rest with legs elevated; bedside commode.
8. Nursing:	I/O Q shift. Weight on arrival.
9. Diet:	Regular diet.
10. IV:	
11. Meds:	Heparin per anticoagulation protocol. Coumadin 10 mg PO Q day x 3 days, then 5 mg PO Q 5 pm starting day four. Tylenol X grain PO Q 4-6 hr prn pain/fever.
12. Other Meds:	
13. Labs:	Hemogram, urinalysis, SMA-6 on arrival; rest of labs per Heparin protocol. PT with INR Q am beginning on third day of hospitalization.
14. Other:	EKG (if possible PE). Call MD if: hemoptysis, hematuria, chest pain or shortness of breath.

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Signature

Deep Vein Thrombosis (Lovenox therapy)

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to medical floor for 23 hr observation.
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: DVT
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr x 2 then Q shift.
7. Activity:	Bed rest with bathroom privileges until edema/pain resolves, then up ad lib; leg elevation/heat while in bed.
8. Nursing:	Sigvarous compression stocking when out of bed; measure leg size daily.
9. Diet:	Regular diet.
10. IV:	
11. Meds:	Enoxaparin 1mg/kg _____mg SC bid at _____ and _____. Enoxaparin started at _____ on [date]:____/____/____. Coumadin 5 mg PO in am. Tylenol 325 1-2 PO Q 4 hr prn. Laxative of choice prn. No NSAIDS, ASA or IM injections.
12. Other Meds:	
13. Labs:	PT, PTT, CBC on admission if not already done.
14. Other:	Notify home-health-care provider to instruct patient on Lovenox injections. Fax Coumadin consultation form to clinic.

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Signature

Acute Epiglottitis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to ICU.
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Acute Epiglottis
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 1 hr until stable for 4 hr, then Q 4 hr.
7. Activity:	Bed rest; keep patient upright.
8. Nursing:	NPO; weigh patient (if not done in ER).
9. Diet:	
10. IV:	D5 1/2 normal saline @ _____ cc/hr.
11. Meds:	Blow by facial O2 with pulse ox continuously. Rocephin (50 mg/kg) _____ mg IV Q am, first dose immediately. Tylenol (15 mg/kg) _____ mg per rectum Q 4 hr prn pain/T > 101°F.
12. Other Meds:	
13. Labs:	Chest x-ray: PA & Lat (if not done in ER) to rule out foreign body; soft tissue view of neck (lateral) with patient erect; CB; continuous pulse ox.
14. Other:	ENT consult [ ] ASAP [ ] STAT Intubation tray @ bedside (appropriate tub, stylet, blade, bag). Rifampin prophylaxis (20 mg/kg; max 600 mg) Q day x 4 day to all non-pregnant household members. Call MD if P < 60 or > 140; RR > 40; Pulse ox < 90%; T > 101°F or if patient develops cyanosis, stridor or retractions.

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Signature

Lower GI Bleed

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU.
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: LGI bleed
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	[ ] ICU: per ICU routine. [ ] Ward: Q 30 min x 4 hr, then Q 2 hr x 4 hr, then Q 4 hr if stable.
7. Activity:	Bed rest with bedside commode.
8. Nursing:	I/O: record on chart. Record character of stools.
9. Diet:	NPO.
10. IV:	Bolus normal saline _____ cc over _____. D5 normal saline with 20 mEq KCl/L @ _____ cc/hr total.
11. Meds:	
12. Other Meds:	
13. Labs:	Hemogram, SMA-12, PT/PTT on admission. H/H Q 6 hr x 24 hr (including draws at 3 pm and 9 pm). Type and screen for 2 U PRBCs.
14. Other:	Notify MD if: BP < 90/60 or > 170/110, P > 110 or < 60, urine output < 25 cc/hr over 4 hr; H/H < _____. Consult: Gastroenterology.

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Signature

Upper GI Bleed

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] ICU [ ] Telemetry [ ] Floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: UGI bleed
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	[ ] ICU: per ICU routine. [ ] Ward: Q 30 min x 4, then Q 2 hr x 4, then Q 4 hr if stable.
7. Activity:	Bed rest with bedside commode or bathroom privileges with assistance.
8. Nursing:	I/O: record on chart. Record character of stools; guaiac all stools.
9. Diet:	NPO +/- meds.
10. IV:	Bolus normal saline _____cc over _____. D5 normal saline with 20 mEq KCl/L @ _____ cc/hr total. [ ] Start 2 large-bore IVs.
11. Meds:	Aciphex 20mg PO Qd or Protonix 40 mg PO Qd. If esophageal variceal bleeding is suspected, consider Sandostatin 50ug bolus, then 50 ug/lhr continuous infusion.
12. Other Meds:	
13. Labs:	Hemogram, SMA-12, PT/PTT on admission. H/H Q 4 hr x 3. Type and screen for 2 U PRBCs.
14. Other:	Notify MD if: BP < 90/60 or > 170/110, P > 110 or < 60, urine output < 25 cc/hr over 4 hr; all H/H results. Consult: Gastroenterology.

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Signature

GI Bleed

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: GI bleed
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	[ ] ICU: per ICU routine. [ ] Ward: Q 30 min. x 4 hr, then Q 2 hr x 4 hr, then Q 4 hr if stable.
7. Activity:	Bed rest with bedside commode.
8. Nursing:	I/O: record on chart. Record character of stools; guaiac all stools.
9. Diet:	NPO.
10. IV:	Bolus normal saline _____ cc over_____. D5 normal saline with 20 mEq KCl/L @ _____ cc/hr total.
11. Meds:	Aciphex 20 mg PO Qd or Protonex 40 mg PO Qd.
12. Other Meds:	
13. Labs:	Hemogram, SMA-12, PT/PTT on admission. H/H Q 6 hr x 24 hr (including draws at 3 pm and 9 pm). Type and screen for 2 U PRBCs.
14. Other:	Notify MD if: BP < 90/60 or > 170/110, P > 110 or < 60, urine output < 25 cc/hr over 4 hr; all H/H results. Consult: Gastroenterology.

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Signature

Hepatic Encephalopathy

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Hepatic encephalopathy
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr.
7. Activity:	Ad lib
8. Nursing:	I/O Q shift. Daily weight.
9. Diet:	Restrict fluids to: [ ] 1500 mL per day [ ] 1000 mL per day [ ] Other _____
10. IV:	Hep-Lock
11. Meds:	Thiamine 100 mg IM/IV Qd. Folate 1 mg IM/PO Qd. Multi-mineral/vitamin 1 PO Qd. Lactulose 30 mL/ PO [ ] BID [ ] TID [ ] QID
12. Other Meds:	*No tranquilizers, narcotics or sleeping pills.*
13. Labs:	CBC, Chem 7, PT, PTT, ALT, alk phos, bilirubin, EKG.
14. Other:	Notify MD if: deteriorating mental state, seizure, abdominal pain, T 100°F or >, HR > 110 or < 60, BP < 90/60 or > 170/110.

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Signature

HIV Pneumonia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: HIV pneumonia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q _____ hr.
7. Activity:	Bed rest; bathroom privileges with assistance.
8. Nursing:	Pulse ox @ bedside continuous initially. PPD with anergy panel. Call MD if: T > 102°F, P < 60 or > 120, RR > 30, BP < 90/60 or > 170/110, respiratory distress, decreased level of consciousness.
9. Diet:	Regular as tolerated.
10. IV:	D5 1/2 normal saline @ 125cc/hr.
11. Meds:	O_2 @ [ ] 2 [ ] 4 [ ] 6 L/min via [ ] NC or [ ] FM. If PaO_2 > 70mm/Hg: TMP/SMX _____ mg (15mg/kg/d based on TMP) PO/IV Q 8 hr. If PaO_2 < 70 mm/Hg: TMP/SMX as above, *plus* Prednisone 40 mg PO bid x 5 days, then 40 mg PO Qd x 5 days, then 20 mg PO Qd x 11 days. Tylenol 650 mg PO Q 4-6 hr prn pain/fever. MOM 30 cc PO Q 12 hr prn constipation. Ativan 1 mg 1/2 - 1 PO Q 8 hr prn anxiety.
12. Other Meds:	
13. Labs:	ABG if pulse ox < 90 percent. CBC with diff; Chem 20; blood culture x 2; CD4 count. Sputum for gram stain, C&S, AFB smear/culture, fungal smear/culture; PCP chest x-ray PA & Lat if not done in ER or clinic.
14. Other:	Consider Lovenox 40 mg SQ Qd, Heparin 5000 U SG a 12 hr.

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Signature

DVT Home Health Care Orders

Date: ____/____/____
Time: _____

Name: _____
Age: _____ DOB: ____/____/____
Medical record #: _____

1. VS:	Daily vital signs.
2. Activity:	Bathroom privileges until edema and pain resolve, then up ad lib.
3. Nursing:	Daily assessment for DVT, PE and bleeding complications. Sigvaris compression stockings when out of bed; measure legs daily and chart. Guaiac each stool, record results and, if positive, report to FP on call.
4. Diet:	Continue as previously ordered.
5. IV:	
6. Meds:	Enoxaparin (1mg/kg) _____ mg SC bid at _____ and _____; started at _____ on ____/____/____. Patient/family administers injections. Please ensure Enoxaparin is provided to the patient daily. Coumadin will be ordered daily by Coumadin clinic or FP on call as backup. Tylenol 500 mg Q 4 hr prn for leg pain. Laxative of choice prn. No ASA or IM injections. Record all medications daily at the beginning of service.
7. Other Meds:	
8. Labs:	PT daily in am. Coumadin clinic or FP on call will review results and order Coumadin. CBC, platelets on day 3: ____/____/____.

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Signature

Hyperkalemia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Hyperkalemia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Vitals, neurochecks (weakness, arreflex, parethesias, paralysis), postural BP, urine output Q 4 hr; call MD if: P < 50 or > 120, BP < 90/50 or > 160/90, R > 25 or < 10; T > 101.5°F; neuro changes.
7. Activity:	Bed rest; up in chair as tolerated.
8. Nursing:	I/O Q shift. Weight now and daily. ECG (look for tall T wave, prolonged PR, ST depression, depress or absent P, wide QRS); cardiac monitoring (bradycardia, VF, asystole); arrhythmia protocol.
9. Diet:	Regular as tolerated, no salt substitutes.
10. IV:	(See below) Hep-Lock.
11. Meds:	Calcium gluconate: 10% 5-10 cc IV over 2-5 min; second dose may be given in 5 min; may repeat Q 1 hr prn Sx. If dig toxicity suspected, give over 30 min or omit. NaHCO3 (Sodium bicarbonate): one amp of 7.5% IV over 5 min (give after calcium in separate IV), repeat in 10-15 min followed by 1-2 amps added to D5W titrated over 2-4 hr. Insulin: 10 U regular in 500 cc of D10W IV over 1 hr *or* 10 U IV push with 1 amp 50% glucose (25 gm) over 5 min, repeat as needed Q 3 hr. Kayexalate: 15-50 gm in 100 cc of 20% sorbitol solution PO now and 3-4 hr, up to 4-5 doses/day *or* Kayexalate retention enema 25-50 gm in 200 cc of 20% sorbitol; retain for 30-60 min (may use cleansing enema before). Furosemide: 40-80 mg IV Q day; consider discontinuing NSAIDs, ACEI, beta-blockers, K-sparing diuretics.
12. Other Meds:	Tylenol 500 mg 1 or 2 PO Q 4 hr prn pain,/temp > 101°F; Maalox 30 cc PO Q 4 hr prn indigestion; MOM 30 cc PO Q 12 hr prn constipation; Benadryl 50mg PO Q hs prn insomnia.
13. Labs:	CBC, SMA 7/SMA 12, Mg, Ca, AGG; K Q 4-6 hr. Urinalysis with micro, osm, Na, K, bicarb, Cl. Consider serum lactate, sickle prep, retic, cortisol, renin, aldosterone, urine myoglobin and 25 hr urine K, Na, Cr, prot, cortisol.
14. Other:	Consider DVT prophylaxis with Lovenox 40 mg SQ Qd or Heparin 5000 U SQ bid.

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Signature

Hypokalemia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Hypokalemia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Vitals, neurochecks (weakness, hyporeflex, parethesias, paralysis), postural BP, urine output Q 4 hr. Call MD if: P < 50 or > 120; BP < 90/50 or > 160/90; R > 25 or <10; T > 101.5°F; neurologic changes. Call all K+ levels until less than or equal to 3.0 (FP resident on call).
7. Activity:	Bed rest; up in chair as tolerated.
8. Nursing:	I/O Q shift; weight now and daily. ECG (look for T wave flattening, U wave, ST depression); may require cardiac monitoring; arrhythmia orders.
9. Diet:	Regular as tolerated.
10. IV:	(See below) Hep-Lock.
11. Meds:	If serum K > 2.5 and ECG changes are absent: KCl 10-20 mEq/hr IVPB in saline, concentration up to 40 mEq/L as continuous IV infusion; may combine with KCl 30-40 mEq PO Q 4 hr in addition to IV; maximum total dose 100-200 mEq/d (3 mEq/kg/d). If serum K < 2 and ECG abnormalities (recommend cardiac monitoring): KCl 20-40 mEq/hr IV in (glucose-free solution), up to 60 mEq/L may combine with PO 30-40 mEq Q 4 hr; maximum daily dose IV (3 mEq/kg/d). K-rider = 10-40 mEq in 100 cc of normal saline IVPB, with primary line running at 80-125cc/hr for _____.
12. Other Meds:	Tylenol 500 mg 1 or 2 PO Q 4 hr prn pain/T > 101°F. Maalox 30 cc PO Q 4 hr prn indigestion; MOM 30 cc PO Q 12 hr prn constipation; Benadryl 50 mg PO Q hr prn insomnia.
13. Labs:	CBC, SMA 7/SMA 12, Mg, Ca, AGG. K Q 4-6 hr. Urinalysis with micro, osm, Na, K, bicarb, Cl. Consider serum cortisol, renin aldosterone, urine myoglobin, 24 hr urine K, Na, Cr, prot, cortisol.
14. Other:	Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Childhood Bacterial Meningitis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Neonatal ICU [ ] Nursery [ ] Pediatric floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Bacterial meningitis
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q ____ h. Neurologic vitals Q ____ h.
7. Activity:	Routine [ ] Bed [ ] Crib [ ] Bassinet
8. Nursing:	Strict I/Os; daily weight; respiratory isolation; measure FOC Q 12 hr (< 18 months); cardiac/respiratory monitor, oxyhood if applicable; BP monitoring.
9. Diet:	As tolerated. [ ] Formula [ ] Breast
10. IV:	DS 1/4 normal saline @ _____/hr with 5 MEQ KCl/250 cc. Should be 2/3 maintenance (maintenance = 100cc/kg/day up to 10 kg plus, 50cc/kg/day for each kg between 10-20 plus, 20cc/kg/day for each kg > 20 kg).
11. Meds:	Antibiotics. Less than 1 month of age: ampicillin 50 mg/kg/dose IVPB Q 8 hr plus gentamicin 2.5 mg/kg/dose IVPB Q 12 hr. Age 1-3 months: ampicillin (50mg/kg/dose) _____ mg IVPB Q 8 hr and cefotaxime (50mg/kg/dose) _____ mg IVPB Q 6 hr. Age > 3 months: cefotaxime (50mg/kg/dose) _____ mg IVPB Q 6 hr. If gram (+) cocco on gram stain: add vancomycin 15 mg/kg/dose IVPB Q 6 hr.
12. Other Meds:	
13. Labs:	Send CSF for: Tube # 1 - C&S, gram stain on centrifuged spun specimen. Tube # 2 - glucose, protein. Tube # 3 - cell count & differential. Tube # 4 - hold. Blood culture x 2, CBC, SMA-7, UA, urine C&S. If concerned about SIADH: serum lytes Q 8 hr; urine lytes with osmolarity daily; urine 5g Q shift.

_____

Signature

Hypernatremia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: _____
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Hypernatremia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Orthostatic VS Q 4 hr.
7. Activity:	Bed rest with bathroom privileges.
8. Nursing:	Strict I/Os; daily weight.
9. Diet:	
10. IV:	[ ] A. Hypovolemic: _____L (0.5-3.0 L) normal saline IV @ 500 cc/hr until orthostasis resolves, then D5W (if hyperosmolar) or D5 1/2 normal saline (if not hyperosmolar) IV or PO @ _____ cc/hr. [ ] B. Hypervolemic: Lasix 80 mg IV or PO QD. D5W @ _____ cc/hr. Call MD if: T > 101°F, BP > 190/100 or < 90/60; neurologic changes.
11. Meds:	Tylenol 1000 mg PO Q 4 hr prn pain.
12. Other Meds:	
13. Labs:	SMA 20; UA; urine Na+; TSH; urine OSM.
14. Other:	Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Hyponatremia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: _____
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Hyponatremia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Orthostatic VS Q 4 hr until stable x 4 then Q shift.
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	Strict I/Os; daily weight.
9. Diet:	
10. IV:	[ ] A. Hypovolemic: _____L (0.5-3.0 L) normal saline IV @ 500 cc/hr until orthostasis resolves, then normal saline with 20 mEq/L KCl @ _____cc/hr (65-150 cc/hr). [ ] B. Isovolemia (most typically SIADH): Lasix 80 mg IV. Normal saline with 20 mEq/L KCl @ _____ (65-150 cc/hr). 1000 cc/d fluid restriction. [ ] C. Hypervolemia: Lasix 80 mg IV. 1000 cc/d fluid restriction. 2 gm Na+ diet. Call MD if: T > 101°F; BP > 190/100 or < 90/60; neurologic changes.
11. Meds:	
12. Other Meds:	
13. Labs:	SMA 20, UA, urine Na+, TSH, urine OSM, serum OSM.
14. Other:	Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Acetaminophen Overdose

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ]ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Acetaminophen overdose
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q hr x 4, then Q 4 hr if stable.
7. Activity:	Bed rest with bathroom privileges.
8. Nursing:	Suicide precautions. Gastric lavage in ER (no activated charcoal).
9. Diet:	
10. IV:	D5 1/2 normal saline @ 150 cc/hr.
11. Meds:	Acetaminophen level: If toxic range: begin N-acetylcysteine (mucomyst) 140 mg/kg PO followed by 70 mg/kg PO Q 4 hr for 68 hr. If non-toxic range: repeat acetaminophen level in 4 hr.
12. Other Meds:	
13. Labs:	Liver function, serum glucose, electrolytes, BUN, creatinine daily, ABGs.
14. Other:	[ ] Psych consult [ ] Social services [ ] MHMR

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Signature

ASA Overdose

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: ASA overdose
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q hr x 4, then Q 4 hr if stable
7. Activity:	Bed rest with bathroom privileges.
8. Nursing:	Suicide precautions. Gastric lavage in ER with activated charcoal. Consider dialysis if serum salicylate level greater than 70 mg/dl. Guaiac all stools.
9. Diet:	Regular.
10. IV:	D5 1/2 normal saline with 44 mEq bicarbonate/L @ 300 cc/hr (forced alkaline diuresis).
11. Meds:	Vitamin K 10 mg IM or IV
12. Other Meds:	
13. Labs:	ABGs, hemogram, electrolytes, glucose, PT/PTT.
14. Other:	[ ] Psych consult [ ] Social services [ ] MHMR

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Signature

Pediatric Vomiting/Diarrhea/Dehydration

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to pediatrics floor.
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Pediatric vomiting/diarrhea/dehydration
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr.
7. Activity:	[ ]Crib [ ] Bassinet [ ] Bed
8. Nursing:	Strict I/Os; daily weight.
9. Diet:	[ ] NPO [ ] Formula/breast [ ] As tolerated
10. IV:	Estimate % dehydration: Mild = 5% = decreased tearing. Moderate = 7% = dry mouth. Severe = 10% = skin tents. Replacement (MLS) = % x weight (kg): Replace 1/3 over first 4 hr with D5 1/2 normal saline. Replace 1/3 over second 8 hr with D5 1/2 normal saline or D5 1/4 normal saline. Replace 1/3 over third 12 hr with D 5 1/4 normal saline. Replace in addition to maintenance: Maintenance = 100 mL/kg/day up to 10 kg; 50 mL/kg/day between 10-20 kg; 20 mL/kg/day over 20 kg. Use D5 1/4 normal saline with 5 mEq KCl/250 mL bag for maintenance.
11. Meds:	Tylenol (10 mg/kg) _____ PO or pr Q 4 hr prn T > 101°F. Phenergan suppl 12.5-25 mg pr Q 4 hr prn n/v.
12. Other Meds:	
13. Labs:	Chem 7, CBC, UA on admission; chem-7 in am; stool for rotazyme, routine culture, O&P, Yersinia.

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Signature

Pelvic Inflammatory Disease

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to general medicine floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Pelvic inflammatory disease
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q shift.
7. Activity:	Bed rest with bathroom privileges.
8. Nursing:	
9. Diet:	Routine.
10. IV:	D5 1/2 normal saline @ 125cc/hr.
11. Meds:	[ ] Cefotetan 2 gm IV Q 12 hr plus doxycycline 100 mg PO Q 12 hr. *or* [ ] Clindamycin 900mg IV Q 8 hr. Gentamicin IV PB 1 mg/kg Q 8 hr *or* gentamicin 7mg/kg over 1 hr with adjustment based on nomagram if CrCl > 60mL/min. Tylenol #3 1-2 PO Q 6 hr prn pain. Ambien 10 mg PO Q hr prn insomnia. Phenergan 25 mg IV Q 6 hr prn nausea/vomiting. Tylenol 1000 mg PO Q 4 hr prn fever or pain. MOM 30 cc PO Q 12 hr prn constipation.
12. Other Meds:	
13. Labs:	CBC, UA, urine HCG, SMA-7. Gentamicin peak and trough after 3rd dose if using Q hr gentamicin dosing. Gentamicin level 6-14 hr after initial infusion if using once-a-day gentamicin dosing.

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Signature

Community Acquired Pneumonia

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Pneumonia
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr.
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	Spot pulse ox on room air upon arrival; ABG if pulse ox < 90% or severe respiratory distress. Call MD if: BP < 90/60 or > 170/110; P < 50 or > 120, T >102.5°F, RR <12 or > 28; respiratory distress; decreased LOC.
9. Diet:	Regular as tolerated.
10. IV:	D5 1/2 normal saline with 20 mEq KCl @ _____ cc/hr.
11. Meds:	O_2 @ [ ] 2 [ ] 4 [ ] 6 Liters/min via [ ] NC *o*r [ ] FM. Rocephin 1 gm IVPB Qd plus Zithromax 250 mg 2 tabs PO day; 1 tab PO Qd on day 2-5. For PCN-allergic patient or presumed PCN-resistant *S. pneumonia*: Levaquin 500mg Qd IVPB or PO. Tylenol X gr PO Q 4-6 hr prn pain/fever. MOM 30cc PO Q 12 hr prn constipation. Ambien 10mg PO @ hs prn insomnia.
12. Other Meds:	
13. Labs:	CBC, chem 7, blood culture x 2. Sputum for: gram stain, C&S, consider AFB.
14. Other:	Notify MD immediately upon arrival to floor. Consider DVT prophylaxis with Lovenox 40 mg SQ Qd or Heparin 5000 U SQ bid.

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Signature

Postpartum Endometritis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] OB [ ] Medical floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Postpartum endometritis
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 6 hr until stable then Q routine.
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	
9. Diet:	Regular.
10. IV:	[ ] Hep-Lock [ ] D5LR [ ] D5NS [ ] normal saline @ _____ cc/hr. [ ] Add _____ mEq KCl/L IVF.
11. Meds:	#1 - Unasyn 3.1gm IVPB Q 6 hr. #2 - PCN-allergic patient: Use clindamycin 900 mg IVPB Q 8 hr (+/- gentamicin). #3 - Gentamicin 1mg/kg IVPB Q 8 hr *or* gentamicin 7mg/kg/d infused over 1 hr (if CrCl > 60 mL/min). #4 - Toxic patient: Add (to Unasyn and gentamicin) either #2 *or* metronidazole (15 mg/kg load and 7.5 mg/kg, up to 500 mg) IVPB Q 6 hr. Tylenol 500 mg 2 tablets PO Q 4 hr prn fever/pain. Prenatal vitamin 1 PO Q daily if breast-feeding. MOM 30 cc PO Q 12 hr prn constipation. Ambien 10 mg 1 PO QHS pm insomnia.
12. Other Meds:	
13. Labs:	CBC with diff. C&S of: [ ] Lochia [ ] Blood [ ] Urine [ ] C/S wound SMA-7 now and Q am while IVF continuously running. Gentamicin peak and trough after 3rd dose if using Q hr gentamicin dosing; gentamicin level 6-14 hr after initial infusion if using once-a-day gentamicin dosing.
14. Other:	Notify MD immediately upon arrival to floor. Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Pyelonephritis

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical floor or _____
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Pyelonephritis
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr.
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	I/O Q shift. Call MD if: T > 102.5°F; BP < 90/30 or > 170/110.
9. Diet:	Regular as tolerated.
10. IV:	D 5 1/2 normal saline @ 100cc/hr.
11. Meds:	Rocephin 1gr IVBP Q 24 hr. Tylenol X gr PO Q 4 hr prn pain or if T > 100°F. Phenergan 25mg IV/IM Q 4 hr prn nausea. Demerol 50gr IM Q 4-6 hr prn pain. Pyridium 200 mg PO Q 8 hr pc prn dysuria x 48 hr.
12. Other Meds:	If toxic: consider adding gentamicin 7mg/kg/d over 1 hr or infusion. Adjust based on once-a-day gentamicin normogram or gentamicin (if CrCl > 60 mL/min); 1 mg/kg Q 8 hr IVPB over 1 hr infusion each dose.
13. Labs:	CBC, UA, urine C&S, chem-7; Blood culture x 2 prior to antibiotics; Gentamicin peak and trough after 3rd dose if using Q hr gentamicin dosing; gentamicin level 6-14 hr after initial infusion if using once-a-day gentamicin dosing.
14. Other:	Consider DVT prophylaxis with Heparin 5000 U SQ bid.

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Signature

Partial Small Bowel Obstruction

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Surgical or [ ] Medical floor
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Partial small bowel obstruction
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q _____
7. Activity:	Bed rest with bathroom privileges with assistance.
8. Nursing:	I/O Q shift. NG tube to low suction (intermittent).
9. Diet:	NPO.
10. IV:	D5 normal saline with 20 mEq KCl @ 125cc/hr. Bolus _____ Replace NG output cc per cc with 1/2 normal saline Q shift.
11. Meds:	Demerol 25-50 mg slow IVP Q 3-4 hr prn pain. Phenergan 12-5 mg slow IVP Q 3-4 hr prn nausea.
12. Other Meds:	
13. Labs:	
14. Other:	Radiographs: Acute abdominal series (if not done in ER/clinic); Gastrografin UGI via NG tube to rule out obstruction. Consider surgical consult if complete obstruction. Consider DVT prophylaxis with Heparin 5000 U SQ bid

_____

Signature

Seizures

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit to: [ ] Medical [ ] Telemetry [ ] ICU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Seizure disorder
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	VS Q 2 hr with neurologic checks until stable x 4, then Q 4 hr.
7. Activity:	Bed rest with seizure precaution.
8. Nursing:	
9. Diet:	
10. IV:	Hep-Lock with routine care.
11. Meds:	Dilantin loading options: [ ] PO: Dilantin _____ mg (15mg/kg/d) PO Q 4 hr x 3 doses. [ ] IV: Dilantin 50 mg/min. IV to total of _____ mg (18mg/kg). Then begin Dilantin 300 mg PO Q day. Ativan 2-4 mg slow IVP over 10 min prn active seizure lasting over 3 min. Tylenol X grains PO Q4-6 hr prn fever/pain. MOM 30 cc PO Q 12 hr prn constipation.
12. Other Meds:	
13. Labs:	Hemogram. SMA-6. VDRL. Urine toxicology screen for drugs of abuse.
13. Other:	Radiology: Head CT with and without contrast (if not done in ER); new onset seizures R/O mass lesion. EEG: New onset seizures. Call MD if: T > 100°F; BP > 170/110 or < 90/60; seizures; GCS < 15.

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Signature

Syncope

Date: ____/____/____ Name: _____

Time: _____ Age: _____ DOB: ____/____/____

Allergies: Medical record #: _____

1. Admit or OBS to monitored unit: [ ] Telemetry [ ] CCU
2. Attending Dr: _____ phone: _____-_____. Attending (PC): _____
3. Admitting Dx: Syncope
4. Contributing Dx:

5. Condition:	[ ] Stable [ ] Fair [ ] Serious [ ] Critical
6. VS:	Q 4 hr x 24 hr, then routine.
7. Activity:	Up ad lib.
8. Nursing:	I/O Q shift.
9. Diet:	AHA Step I.
10. IV:	
11. Meds:	Tylenol 1000 mg PO Q 4 hr prn pain.
12. Other Meds:	
13. Labs:	CBC, SMA-20; EKG on admission (to be read by cardiologist); Chest x-ray on admission.
14. Other:	Call MD if: altered mental status, T 101°F or higher, chest pain, pulse < 40 or >130.

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Signature