

Allergies \_\_\_\_\_

Admission status:  Inpatient  Observation  SDC Admit to:  Medical  Surgical  Telemetry  CCU

Admitting diagnosis: \_\_\_\_\_ Attending physician: \_\_\_\_\_ Code status: \_\_\_\_\_

The following are holding orders written for the admitting physician who has already assumed care for this patient. Further questions regarding care of patient or change of condition should be directed to the admitting physician.

Call Dr. \_\_\_\_\_ at \_\_\_\_\_ today or:  0900 tomorrow to replace or extend these orders.

These orders expire at  2200 today or  1000 tomorrow. For all CCU admissions, call admitting physician immediately after initial CCU RN assessment to give replacement, extension, or additional orders.

**NURSING INTERVENTIONS:** (Check box to activate)

Cardiac Monitor  ECG in AM & PRN chest pain  O<sub>2</sub> at 0 - 6 L via nasal cannula PRN to keep SaO<sub>2</sub> greater than 92%

Vitals:  Every shift  Every 4 hours

Activity:  Bed rest  Up with assistance  Fall risk  Out of bed ad lib

**Notify admitting physician if:**

ECG changes

Greater than 6 L O<sub>2</sub> required

New temp greater than 38° C, BP less than 90, pulse greater than 110

ROMI is abnormal/ increasing

**DIETARY:** (Check box to activate)

NPO  NPO after midnight  Clear liquids  Mechanical soft  Regular  ADA

**IV THERAPY:** (Check box/ fill in to activate)

Saline Lock  Normal Saline to infuse at \_\_\_\_\_ mL/ hour  D<sub>5</sub> 0.45% NS to infuse at \_\_\_\_\_ mL/ hour

**LABORATORY/ DIAGNOSTICS:** (Check box/ fill in to activate)

ROMI at 1 and 4 hours post arrival to floor  ROMI every 4 hours X 3  CBC at \_\_\_\_\_  Basic Metabolic Panel at \_\_\_\_\_

Lipid Profile (fasting) Other Labs: \_\_\_\_\_

**MEDICATIONS:** (Check box to activate)

Pharmacist may adjust doses for age or renal function

<input type="checkbox"/> <i>SubQ Sliding Scale Insulin Orders</i>	Blood Glucose
<input type="checkbox"/> ceFTRIAXone (ROCEPHIN) 1 g IV every 24 hours. If 80 kg or greater, increase to 2 g	Treatment Antibiotic
<input type="checkbox"/> azithromycin (ZITHROMAX) 500 mg PO/ IV every day X 3 days. IV route only for CCU pneumonia admits	
<input type="checkbox"/> piperacillin/ tazobactam (ZOSYN) 3.375 g IV every 6 hours. If 100 kg or greater, increase to 4.5 g	
<input type="checkbox"/> enteric coated aspirin 81 mg PO daily	Platelet inhibitor
<input type="checkbox"/> HYDROMorphone (DILAUDID) <i>PCA Orders</i>	Mild to Severe Pain (1-10) <b>PCA</b>
<input type="checkbox"/> HYDROMorphone (DILAUDID) 0.25 – 1 mg IV every 3 hours PRN	Severe Pain (7-10) <b>IV</b>
<input type="checkbox"/> oxyCODONE 5 – 10 mg PO every 4 hours PRN	Severe Pain (7-10) <b>PO</b>
<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO/ PR every 4 hours PRN. Do not to exceed 4000 mg of acetaminophen/ 24 hours. If 65 or older, do not exceed 3000 mg of acetaminophen/ 24 hours. If ineffective, ibuprofen (MOTRIN) 400 mg PO every 6 hours PRN	Mild Pain (1-3), Temp >38° C, Headache
<input type="checkbox"/> omeprazole (priLOSEC) 20 mg PO every day. If NPO, pantoprazole (PROTONIX) 40 mg IV every day	Acid Reducer
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO every HS PRN (2.5 mg if 65 or older). May repeat X 1	Insomnia
<input type="checkbox"/> LORazepam (ATIVAN) 0.5 mg PO every 4 hours PRN	Anxiety
<input type="checkbox"/> albuterol/ ipratropium (DUONEB) nebulizer 1 treatment every 4 hours PRN	Wheezing/ Dyspnea
<input type="checkbox"/> albuterol nebulizer 1 treatment every 4 hours PRN	

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

Physician Signature

Date

Time



**ED PHYSICIAN ADMISSION TEMPORARY ORDERS**

P0218E (Rev 0311) White – Chart/ Scan to Pharmacy