

Patient Name: _____ Status: Inpatient Observation
 Diagnosis: _____ Admit to: W4 or: _____
 Allergies: NKDA _____

NURSING INTERVENTIONS: (Check box/ fill in to activate)

- I & O Daily weight Vital signs: Every 4 hours Every 8 hours
 Neuro checks every _____ hours Seizure Precautions Neutropenic Precautions
 SCDs

Activity:

- Bedrest Up w/ assist Up Ad Lib Ambulate in hallway Other: _____

Notify physician if:

- Initial temperature greater than _____ ° C

DIETARY: (Check box/ fill in to activate)

- Advance as tolerated ADA: _____ kCals Regular NPO Clear Liquids
 Full Liquids Comfort Foods

Other: _____

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

- Saline Lock Access Port-a-cath/ Central Venous Access Device See chemotherapy orders

IV Fluid: _____ to infuse at _____ mL/ hour

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

- Basic Metabolic Panel CBC w/ Diff Comprehensive Metabolic Panel
 Hepatic Function Panel LDH-lactate dehydrogenase Magnesium Phosphorus level PT/ INR PTT
 Renal Panel
 Urinalysis (culture if indicated) Uric Acid
 Blood culture X 2 Blood culture X 2 if _____
 Guaiac stools X _____ Clostridium Difficile Tox

Imaging: _____ Reason: _____

_____ Reason: _____

Blood Products: Transfuse upon arrival

<input type="checkbox"/> Type and Screen	Reason: _____	<input type="checkbox"/> Leukoreduced <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV Negative Select process, if desired, for patient without a transfusion history. For previously transfused patient, PSBC will send blood product per patient's transfusion profile.
<input type="checkbox"/> RBCs: _____ units	Reason: _____	
<input type="checkbox"/> Apheresed Platelets _____ <input type="checkbox"/> Pooled Platelets _____ <input type="checkbox"/> Either apheresis or pooled as available	Reason: _____	
<input type="checkbox"/> FFP _____ units	Reason: _____	

CONSULTS/ DISCHARGE PLANNING: (Check box to activate)

- Nutrition Screen PT evaluate & treat OT evaluate and treat Wound Care Palliative Care
 Speech – swallow evaluation (treat as appropriate) Care Management Pastoral Care

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



MEDICATIONS: (Check box/ fill in to activate) Pharmacist may adjust doses for age or renal function
 *Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, not to exceed **3000 mg** of acetaminophen/ 24 hours

<input type="checkbox"/> SubQ Sliding Scale Insulin Orders	Blood Glucose
<input type="checkbox"/> dalteparin (FRAGMIN) 200 units/ kg subcutaneously every 24 hours. Dose rounded per P&T guidelines (see back) <input type="checkbox"/> warfarin (COUMADIN) per pharmacist. INR Goal is: _____	VTE Treatment
<input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously every 24 hours	VTE Prophylaxis
<input type="checkbox"/> ondansetron (ZOFTRAN) 8 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 5 - 10 mg PO/ IV every 6 hours PRN (2nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
<input type="checkbox"/> HYDROmorphone (DILAUDID) PCA Orders <input type="checkbox"/> morphine PCA Orders <input type="checkbox"/> fentaNYL PCA Orders	Mild to Severe Pain PCA
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.25 - 1 mg IV every 3 hours PRN	Severe Pain (7-10)
<input type="checkbox"/> LORazepam (ATIVAN) 0.5 – 1 mg PO/ IV every 4 hours PRN	Anxiety
<input type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PO every 4 hours PRN	Mild Pain (1-3)/ Temp >38°C
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN insomnia (2.5 mg if 65 or older). May repeat X 1	Insomnia
<input type="checkbox"/> senna 8.6 mg/ docusate 50 mg (SENNA-S) 2 tablets PO BID AND docusate (COLACE) 250mg PO BID. Hold for loose stools. AND magnesium hydroxide (MOM) concentrate 10 mL PO daily PRN. If ineffective, polyethylene glycol (MIRALAX) 17 g PO daily PRN	Constipation
<input type="checkbox"/> loperamide (IMODIUM) 4 mg PO X 1, then 2 mg PO after each loose stool. Not to exceed 16 mg in 24 hours	Diarrhea/ Loose Stools
<input type="checkbox"/> *acetaminophen (TYLENOL) 975 mg PO X 1 <input type="checkbox"/> diphenhydrAMINE (BENADRYL) 25 mg PO X 1 } Give prior to 1st unit only when multiple units administered	Pre-Med for each blood transfusion
<input type="checkbox"/> cefepime (MAXIPIME) 1 g IV every 12 hours. If 80 kg or greater, increase to 2 g <input type="checkbox"/> metroNIDAZOLE (FLAGYL) 500 mg IV every 12 hours <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"/> cefTRIAXone (ROCEPHIN) 1 g IV every 24 hours. If 80 kg or greater, increase to 2 g <input type="checkbox"/> vancomycin 1 g IV every 12 hours	Treatment Antibiotic

Other: _____

 Physician Signature Date Time

P H Y S I C I A N O R D E R

dalteparin (FRAGMIN) dose rounding table
For use in conditions other than UA, non-Q wave MI

Patient Weight (lbs)	Patient Weight (kg)	Dalteparin dose 200 units/ kg subcutaneously once daily
less than 125	Less than 57	10,000 units
125 - 150	57 - 68	12,500 units
151 - 181	69 - 82	15,000 units
182 - 216	83 - 98	18,000 units
217 - 254	99 - 115	22,500 units
255 - 294	116 - 134	25,000 units
295 - 330	135 - 150	28,000 units
331 - 372	151 - 169	30,000 units
373 - 418	170 - 190	36,000 units

Approved by Pharmacy & Therapeutics Committee March 2010