

DOCTORS ORDERS EMERGENCY DEPARTMENT ADMISSION ORDERS	CHECK OFF/ INITIALS
Admit <input type="checkbox"/> ICU <input type="checkbox"/> PCU <input type="checkbox"/> HLC <input type="checkbox"/> 5 West <input type="checkbox"/> 7 North <input type="checkbox"/> 7 South <input type="checkbox"/> 6 West <input type="checkbox"/> Behavioral Health <input type="checkbox"/> L&D <input type="checkbox"/> _____	
Admitting Physician: _____	
Consulting Physician: _____ <input type="checkbox"/> Notified <input type="checkbox"/> Please notify	
Diagnosis: _____	
Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Serious <input type="checkbox"/> Critical Code Status: <input type="checkbox"/> Full code <input type="checkbox"/> No code Vital Signs: <input type="checkbox"/> every 1 hour <input type="checkbox"/> every 2 hours <input type="checkbox"/> every 4 hours <input type="checkbox"/> every 8 hours Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Clear Liquids <input type="checkbox"/> 2gm Na, low fat, low cholesterol diet <input type="checkbox"/> ADA _____ Calorie <input type="checkbox"/> _____	
Medications: <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 	
Intravenous Fluids: <input type="checkbox"/> 0.9% Sodium Chloride at _____ mL/hour <input type="checkbox"/> Heparin Lock <input type="checkbox"/> _____ <input type="checkbox"/> Room air <input type="checkbox"/> Nasal cannula at _____ <input type="checkbox"/> Face mask at _____ <input type="checkbox"/> O2 Saturation protocol <input type="checkbox"/> Vent orders: _____ <input type="checkbox"/> Bedrest <input type="checkbox"/> Bathroom privileges <input type="checkbox"/> Bedside toilet <input type="checkbox"/> As tolerated <input type="checkbox"/> Foley catheter to gravity <input type="checkbox"/> NG to low intermittent suction <input type="checkbox"/> Intake and Output (strict) <input type="checkbox"/> Head of bed up _____ degrees <input type="checkbox"/> Neuro checks every _____ hours. <input type="checkbox"/> Finger stick glucose every _____ hour(s). Call physician if greater than 250 or less than 60. <input type="checkbox"/> Wound care: _____	
Protocols: <input type="checkbox"/> CHF <input type="checkbox"/> Chest Pain <input type="checkbox"/> Detoxification <input type="checkbox"/> Heparin Nomogram <input type="checkbox"/> Thrombolytic <input type="checkbox"/> Pneumonia <input type="checkbox"/> Stroke	
Isolation: <input type="checkbox"/> Reverse <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> Respiratory <input type="checkbox"/> Body fluids <input type="checkbox"/> Wound <input type="checkbox"/> Enteric	
Labs: <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Old records to the floor	
Notify admitting physician when the patient reaches the floor	
<input type="checkbox"/> See additional order sheet.	
For any additional questions or orders, please contact the admitting physician. *"Orders" expire six (6) hours after patient reached inpatient units or two (2) hours after reaching ICU or HLC units.	
Physician/Date/Time: _____	Nurse/Date/Time: _____
Secretary/Date/Time: _____	

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart

Fax to Pharmacy

