

**PHYSICIANS ORDER SHEET**



**Admission Critical Care**

*Allergies:*

*Height* \_\_\_\_\_ (*cm*) *Weight* \_\_\_\_\_ (*KG*)

1. Place patient information label on sheet before placing in chart.
2. All pre printed orders must be individually checked off by the physician.
3. Nurse verifies individual order and signs name/date/time at end of set of orders.
4. The use of Generic equivalent drug may be substituted by Pharmacy.

**Patient Care**

Admit 0700-2330 Patient To

T;N ICU

Admit 2330-0700 Patient To

T;N ICU

Code Status

T;N Full Resuscitation

Continuous Cardiac Monitoring

T;N

Weight

Daily

Intake and Output

T;N Strict

Foley Catheter Insertion

T;N

IR PICC Placement

T;N Routine IV Access

Specialty Bed

T;N

Occult Blood Stool POC

T;N Once

**Vital Signs**

Vital Signs

T;N q4hr PRN Order

Orthostatic Vital Signs

T;N Once

Orthostatic Vital Signs

T+1;0700 qshift

**Diet**

NPO Pending

T+1;0001 after midnight

T+1;0001 after midnight except for meds

Clear Liquid Diet

T;N Non Room Service may need to specify no RED's or diabetic

Full Liquid Diet

T;N Non Room Service

Cardiac Liquid Diet

T;N Room Service

T;N Non Room Service

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**Cardiac Solid Diet**

T;N Assist Room Service

**ADA**

T;N Assist Room Service 1800 kcal

T;N Assist Room Service 2000 kcal

**Regular Diet**

T;N Assist Room Service

**Fluid Restriction**

T;N Non Room Service 1000 cc/day (500 cc/day nursing, 500 cc/day dietary)

T;N Non Room Service 1500 cc/day (500 cc/day nursing, 1000 cc/day dietary)

**Tube Feeding**

T;N

**Renal Diet**

T;N Room Service

**IV Solutions**

**Sodium Chloride 0.9%**

1000 ml Soln IV Routine 75 ml/hr T;N

1000 ml Soln IV Routine 100 ml/hr T;N

1000 ml Soln IV Routine 150 ml/hr T;N

1,000 ml Soln IV Routine 1 time(s)/dose(s) 1,000 ml/hr T;N BOLUS

**Sodium Chloride 0.45%**

1000 ml Soln IV Routine 75 ml/hr T;N

1000 ml Soln IV Routine 100 ml/hr T;N

1000 ml Soln IV Routine 150 ml/hr T;N

1000 ml Soln IV Routine 250 ml/hr T;N

**D5 in 0.45% NS**

1000 ml Soln IV Routine 75 ml/hr T;N

1000 ml Soln IV Routine 100 ml/hr T;N

1000 ml Soln IV Routine 150 ml/hr T;N

1000 ml Soln IV Routine 250 ml/hr T;N

**D5W**

1000 ml Soln IV Routine 75 ml/hr T;N

1000 ml Soln IV Routine 100 ml/hr T;N

1000 ml Soln IV Routine 150 ml/hr T;N

**D5 in 0.9% NS**

1000 ml Soln IV Routine 100 ml/hr T;N

**Medications**

**acetaminophen tablet**

650 mg Tab PO q4hr PRN Pain / Fever Routine T;N

**acetaminophen suppository**

650 mg Supp PR q4hr PRN Pain / Fever Routine

**nicotine patch 14mg**

14 mg Patch Transderm Daily Routine T;N

**nicotine patch 21mg**

21 mg Patch Transderm Daily Routine T;N

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**GI Prophylaxis**

famotidine

- 20 mg Tab PO BID Routine T;N for patients with Clcr greater than 50mL/min
- 20 mg Tab PO Daily Routine T;N for patients with Clcr less than 50mL/min
- 20 mg Injection IV Push q12hr Routine T;N for patients with Clcr greater than 50mL/min
- 20 mg Injection IV Push q24hr Routine T;N for patients with Clcr less than 50mL/min

pantoprazole

- 40 mg EC Tablet PO Daily Routine T;N do not crush
- 40 mg EC Tablet PO BID Routine T;N do not crush
- 40 mg Injection IV Push q12hr Routine T;N
- 40 mg Injection IV Push q24hr Routine T;N

lansoprazole sol-tab

- 15 mg DIS Tablet GTUBE Daily Routine T;N
- 30 mg DIS Tablet GTUBE Daily Routine T;N

sucralfate

- 1 Gm Tab PO QIDACHS Routine T;N
- 1 Gm Susp GTUBE QIDACHS Routine T;N

***Antiemetic Agents***

metoclopramide

- 10 mg Injection IV Push q6hr PRN Nausea/Vomiting Routine T;N

ondansetron

- 4 mg Tab PO q8hr PRN Nausea/Vomiting Routine T;N
- 4 mg Injection IV Push q8hr PRN Nausea/Vomiting Routine T;N

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**DVT Prophylaxis Medical**

Sequential Compression Device

- T;N Bilateral
- T;N Right
- T;N Left

Teds Knee High Stocking

- T;N Bilateral
- T;N Right
- T;N Left

Teds Full Length Stocking

- T;N Bilateral
- T;N Right
- T;N Left

Medications

fondaparinux

- 2.5 mg Injection sc q24hr Routine T;N Clcr at least 30mL/min

heparin

- 5000 Unit(s) Injection sc q8hr Routine T;N
- 5000 Unit(s) Injection sc q12hr Routine T;N

enoxaparin

- 40 mg Injection sc q24hr T;N For creatinine clearance > 30ml/min or weight 45 - 120kg
- 30 mg Injection sc q24hr T;N For creatinine clearance < 30ml/min or weight < 45kg or age > 85
- 30 mg Injection sc q12hr T;N For creatinine clearance > or = 30ml/min and weight > 120kg or Total Knee Replacement

- Reason for no VTE Mech Prophylaxis
- Reason for no VTE Pharm Prophylaxis

**Laboratory**

CBC w/ Indices

- T;N ST Nurse collect : No Blood Once

Comprehensive Metabolic Panel

- T;N ST Nurse collect : No Serum Once

Magnesium Level

- T;N ST Nurse collect : No Serum Once

Phosphorus Level

- T;N ST Nurse collect : No Serum Once

Amylase Level

- T;N ST Nurse collect : No Serum Once

Lipase Level

- T;N ST Nurse collect : No Blood Once

Liver Function Test

- T;N ST Nurse collect : No Serum Once

PT

- T;N ST Nurse collect : No Plasma Once

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**PTT**

T;N ST Nurse collect : No Plasma Once

**Digoxin Level**

T;N ST Nurse collect : No Plasma Once

**Blood Culture**

ST T;N Once Nurse collect : No

**Urine Culture**

Urine RT Once Nurse collect : Yes

**Culture Sputum**

ST T;N Once Nurse collect : Yes

**Troponin I**

T;N ST Nurse collect : No Serum q8hr 3 time(s)/dose(s)

**CPK Isoenzymes**

T;N ST Nurse collect : No Serum q8hr 3 time(s)/dose(s)

**Urinalysis (Complete)**

T;N RT Nurse collect : Yes Urine

**AM Labs**

**BMP**

T+1;N AM Nurse collect : No Serum Once

**Magnesium Level**

T+1;N AM Nurse collect : No Serum Once

**Phosphorus Level**

T+1;N AM Nurse collect : No Serum Once

**LFT**

T+1;N AM Nurse collect : No Serum Once

**NT-ProBNP**

T+1;N AM Nurse collect : No Serum Once

**CBC**

T+1;N AM Nurse collect : No Blood Once

**PTT**

T+1;N AM Nurse collect : No Plasma Once

**PTINR**

T+1;N AM Nurse collect : No Plasma Once

**Fasting Lipid Profile**

T+1;N AM Fasting Nurse collect : No Serum Once

**ABG**

T+1;N AM Nurse collect : No Blood Once

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**Diagnostic Tests**

XR Chest 2 Views

T+1;N Routine

XR Chest Portable

T;N Routine

**Cardiology**

EKG

T;N Stat Once prn chest pain

EKG

T+1;N Routine Once prn chest pain

**Consults**

Consult to Continuity of Care

T;N discharge planning Routine

Consult to Nutrition

T;N Routine

Consult to Social Worker

T;N Routine

**Therapy**

PT Evaluation and Treatment

T;N Standard Precautions

OT Evaluation and Treatment

T;N Standard Precautions

ST Swallow Evaluation

T;N Standard Precautions

Bronchodilator Protocol

T;N Once

Ventilator Settings

T;N

Oxygen Protocol

T;N

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