

## Admission (Admit) Orders

### Condition

- Admit Observation, Medical/Surgical
- Admit Inpatient (Acute), Medical/Surgical
- Full Code
- Limited Code
- Do Not Resuscitate

### Vital Signs

- Vital Signs per protocol
- Pulse Oximetry every shift
- Pulse Oximetry (continuous)

### Activity

- Bedrest with Bathroom Privileges
- Up to Chair BID
- Ambulate With Assistance, TID
- Ambulate Ad Lib

## Nursing Orders

### Assessments

- Intake and Output per unit protocol
- Fingertick Blood Sugar once, if >120 repeat fasting blood glucose within 24 hours
- Neuro Check q 2 hrs till stable, then q 4 hrs
- Daily Weight

### Contingency

- Notify MD if temperature <36.1 C or >38.5 C
- Notify MD if systolic blood pressure <90 or >180
- Notify MD if diastolic blood pressure >110
- Notify MD if heart rate < 50 or > 110
- Notify MD if respiratory rate <10 or >24
- Notify MD if O2 sat < 92%
- Notify MD if blood glucose > 150 mg/dL (x 2 consecutive measurements)
- Notify MD if urine output < 30 milliliters in 2 hours

### Interventions

- Elevate Head of Bed > 30 degrees
- Foley cath Continuous to Gravity Drainage
- Oxygen Titrate to O2 sat. > = 92% per protocol, notify MD if >4 L/min needed
- Smoking Cessation Education Screen for smoking with cessation therapy if indicated

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Date

Time

Physician Signature

**Diet**

- Diet, regular
- Cardiac diet - No caffeine (including coffee, decaf coffee, tea, decaf tea, soft drinks including caffeine)
- Consistent Carbohydrate Diet (Diabetic)
- NPO
- NPO except for medications
- NPO after midnight on \_\_\_\_\_

**IV Fluids**

- IV saline lock
- Dextrose 5% with 0.45% NaCl 1000 milliliter solution 125 milliliter/hour intravenously
- Sodium Chloride 0.9% 1000 milliliter solution 125 milliliter/hour intravenously

**Respiratory**

- RT to Evaluate and Treat per protocol
- Oxygen per protocol Titrate to O<sub>2</sub> sat. > = 92%. Call MD if patient is requiring > 4L/min
- Incentive Spirometry q 2 hours while awake, set as a continuous task.

**Bronchodilators:**

- albuterol 0.5% inhalation by nebulizer 2.5 milligram inhaled every 4 hours while awake and prn, give with 2.5 cc ( 0.5 mg ) ipratropium via nebulizer
- ipratropium 0.5 milligram solution inhaled every 4 hours (via neb), give with 2.5 mg albuterol via nebulizer

**Medications**

- Pharmacy to monitor and adjust all Medication dosing PRN**

**Antibiotics - Empiric Therapy**

- EMPIRIC THERAPY - Sepsis
  - levofloxacin 750 milligram solution intravenously every 24 hours , give AFTER cultures obtained
- PLUS EITHER (Choose one of the following)
  - ceftriaxone 1 gram intravenously once a day , give AFTER cultures obtained
- OR
  - cefepime 1000 milligram intravenously every 8 hours Give AFTER cultures obtained
- OR
  - ZOSYN 4.5 gram intravenously every 6 hours, give AFTER cultures obtained

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Date

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Time

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Physician Signature

- EMPIRIC THERAPY - Community Acquired Pneumonia
  - Ceftriaxone 1 grams IV once daily, give AFTER cultures obtained
- PLUS
  - Azithromycin 500 mg IV once daily, give AFTER cultures obtained

**Antibiotics - Other Choices**

- ZOSYN 4.5 gram intravenously every 6 hours , give AFTER cultures obtained
- PRIMAXIN IV 500 milligram intravenously every 6 hours , give AFTER cultures obtained.
- meropenem 2 grams IV every 8 hours, give AFTER cultures obtained
- Ceftriaxone 1 grams IV once daily, give AFTER cultures obtained
- Ceftriaxone 2 gram intravenously every 12 hours , give AFTER
- cefepime 1 gram intravenously every 8 hours , give AFTER cultures obtained
- levofloxacin 750 milligram solution intravenously every 24 hours , give AFTER cultures obtained
- Flagyl I.V. 500 mg every 8 hours, give AFTER cultures obtained
- fluconazole 200 mg IV q day, give AFTER cultures obtained
- Consider if MRSA likely
  - vancomycin IV per pharmacy protocol, give AFTER cultures obtained
  - linezolid 600 milligram intravenously every 12 hours , give AFTER cultures obtained
  - daptomycin, 6 mg/kg intravenously every 24 hours , give AFTER cultures obtained
  - tigecycline, 100 milligram intravenously loading dose followed by 50 milligram intravenously every 12 hours, give AFTER cultures obtained

**Analgesics**

- Oral:
  - Consider limiting total acetaminophen dose to 2 gram daily for hepatic dysfunction
    - acetaminophen 650 milligram tablet orally every 4 hours
    - VICODIN 5/500 1 tablet orally as needed for pain scale over 3. May give 2nd tablet after 30 min if pain still greater than 3. If patient requires 2 tablets subsequent doses can be given as 2 tablets. \*\* Do not exceed 4 grams Acetaminophen per day \*\*.
    - Norco 325/5 1 tablet orally as needed for pain scale over 3. May give 2nd tablet after 30 min if pain still greater than 3. If patient requires 2 tablets subsequent doses can be given as 2 tablets.
- IV:
  - Nursing Communication May give parenteral medication if patient unable to take PO or PO dose not effective
  - morphine 2-6 milligram intravenously every 2 hours as needed for pain, 2mg for pain scale 1-3, 4mg for 4-6, 6mg for 7-10

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Date

\_\_\_\_\_  
Time

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- morphine 0.5 - 2 milligram solution intravenously every 2 hours as needed for pain 0.5 mg for pain scale 1-3, 1 mg for 4-6, 2 mg for 7-10
- For opioid-naive OR debilitated OR elderly patients (greater than 65 years) OR weight less than 50 kg, consider morphine order for 0.5-2 mg
  - naloxone 0.2 milligram intravenously every 2 minutes as needed for respiratory depression due to narcotics

***Antiemetics***

- Please select one from this category as first choice
  - ondansetron 4 milligram solution intravenously every 4 hours as needed for nausea/vomiting as first choice
- Please select one from this category if first choice ineffective
  - metoclopramide 10 milligram intravenously every 4 hours as needed for nausea/vomiting if first choice ineffective

***DVT Prophylaxis***

- enoxaparin 40 milligram solution subcutaneously once a day (pharmacy to adjust for renal function) (if epidural present, wait at least 2 hours after removal before giving 1st dose)
- heparin 5000 unit subcutaneously every 8 hours
- Mechanical prophylaxis is only recommended for patients considered to be high risk for bleeding. (Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy: Evidence based guidelines Vol 126. Number 13; p373s.)
  - Sequential Compression Device
  - Antiembolism Hose Knee High

***GI Prophylaxis***

- famotidine 20 milligram tablet orally 2 times a day
- famotidine 20 milligram intravenously 2 times a day
- pantoprazole 40 milligram solution intravenously once a day
- pantoprazole 40 milligram tablet orally once a day

***K/Magnesium Replacement***

- Replace K+ to 3.5 per IV protocol
- Replace K+ to 4.0 per IV protocol
- Replace Magnesium per IV protocol

***Insulin Sliding Scales***

- Insulin Aggressive sliding scale with Lispro Insulin subcu
- Insulin Moderate sliding scale with Lispro Insulin subcu

***Long-acting Insulins***

- insulin glargine \_\_\_\_ unit subcutaneously once a day, at bedtime

***Other Insulins***

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Date

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**Ancillary Medications**

- acetaminophen 650 milligram tablet orally every 4 hours as needed for temp >38.0 C
- acetaminophen 650 milligram tablet rectally every 4 hours as needed for temp >38.0 C
- Nursing Communication Routine Bowel Care [Virtualize for MGH only]
- Mylanta Regular Strength (200/200/20) 30 milliliter solution orally every 4 hours as needed for heartburn
- docusate sodium 100 milligram capsule orally 2 times a day hold for loose stools
- docusate sodium 250 milligram capsule orally once a day hold for loose stools
- nicotine 21mg, TOP, Patch, qDay, for pt using >= 1/2pack per day
- temazepam 7.5mg, PO, Cap, qHS, PRN, Sleep, MRx1
- zolpidem (Ambien) 5mg, PO, Tab, qHS, PRN, Sleep, MRx1
- influenza virus vaccine, inactivated 0.5 ml, IM q 24 hours x 1 dose/time if patient meets screening criteria
- pneumococcal 23-valent vaccine 0.5 ml, IM q 24 hours x 1 dose/time if patient meets screening criteria

**Laboratory (If not already performed)**

- CBC w/ Diff
- Basic metabolic panel (Na, K, Cl, HCO<sub>3</sub>, BUN, Creatinine, Glucose, Calcium)
- Comprehensive metabolic panel (BMP + ALT, AST, Total Protein, Albumin, Total Bilirubin, Alk Phos)
- Magnesium Level
- Phosphorus Level
- BNP
- Prothrombin time (PT) and international normalized ratio (INR)
- Prothrombin time (PT) and international normalized ratio (INR) q day
- Partial thromboplastin time (PTT)
- Urinalysis w/culture if ind
- Urine Culture
- Culture Blood q 5 min for 10 min, 2 different sites
- Sputum Culture Routine
- Lactic Acid Blood; STAT
- TSH Reflex FT4

**AM Labs (tomorrow)**

- CBC w/ Diff Tomorrow
- Basic metabolic panel (Na, K, Cl, HCO<sub>3</sub>, BUN, Creatinine, Glucose, Calcium) Tomorrow
- Comprehensive metabolic panel (BMP + ALT, AST, Total Protein, Albumin, Total Bilirubin, Alk Phos) Tomorrow

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Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_

