



SCANNED TO PHARMACY

STAT MEDICATION

Patient is assigned to Hospitalist:

- Team 1 pager 353-9740 (hours 8am-5pm)  Team 2 pager 353-9944 (hours 8am-5pm)  Team 3 pager 353-9009 (hours 8am-5pm)
- Team 4 pager 353-9190  Team 5 pager 353-9019  Team 6 pager 353-9890

**All other hours not covered by a team, use the admit pager 353-8918.**

**Diagnosis:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_  Old Chart to floor

**Admit to:**  Med/Surg  Tele  Critical Care  Observation

**Estimated length of stay: (Circle):** 1 2 3 4 5 6 7 >7 **Estimated Disposition:**  Home  SNF  Home Health  Asst Living

**Code Status:**  Full Code  DNR  Other \_\_\_\_\_ Discussed with  Patient  Family

**Diet:** \_\_\_\_\_ **Fluid Restriction:** \_\_\_\_\_

**Activity:**  BR  BSC with assist  Up in chair  Up Ad Lib  Other \_\_\_\_\_  
 I & O  Vital Signs every \_\_\_\_\_  Daily Weight

**IV:**  Saline Lock  IV \_\_\_\_\_

**Resp:**  Oxygen Protocol  Incentive Spirometer  Other \_\_\_\_\_  
 Smoking Cessation Education

**Diagnostics:**  CBC A  CBC ND  CMP  BMP  Lytes  Mag+  PT  PTT  EKG  
 CXR  UA (culture if indicated)  Other: \_\_\_\_\_

**Ancillary:**  Dischg. Planning (required for OBV admissions)  Phys. Therapy  OT  Speech Therapy

Indication for referral: \_\_\_\_\_

**Medications:**

- Antacid ES (Magnesium / Aluminum / Simethicone) 15 ml po q 4 hrs. prn heartburn/GI distress
- Laxative Protocol  Renal Laxative Protocol
- Potassium Protocol  Oral  Standard IV  Intensive IV
- Magnesium Protocol
- Insulin sliding scale orders  Low dose scale  Medium dose scale  High dose scale
- Implement pneumococcal / influenza immunization protocol.
- Pantoprazole (Protonix) 40 mg po daily. Give IV if patient cannot take orally.
- Famotidine (Pepcid) 20 mg po  daily  BID. Give IV if patient cannot take orally.
- Temazepam (Restoril) \_\_\_\_\_ mg po at bedtime prn sleep.
- Ondansetron HCl (Zofran) 4 mg IV Q6 hours prn nausea / vomiting **-OR-**  Promethazine (Phenergan) \_\_\_\_\_ mg IV Q6 hours prn nausea / vomiting.

**Pain:** For mild pain, begin with #1. If not effective, or pain is moderate to severe, give #2 or #3 based upon patient's pain report, physiologic status and previous medication history.

**#1 For mild pain (pain score 0-3) give (choose one):**

Acetaminophen 650 mg PO q 4 hours prn **-OR-**  \_\_\_\_\_

**#2 For moderate pain (pain score 4-6) give (choose one):**

Hydrocodone/APAP 5/325 \_\_\_\_\_ tabs po q 4 hours prn **-OR-**  \_\_\_\_\_

**#3 For severe pain (pain score 7-10) give (choose one):**

Morphine Sulfate \_\_\_\_\_ mg IV q \_\_\_\_\_ hours prn **-OR-**  Hydromorphone (Dilaudid) \_\_\_\_\_ mg IV q \_\_\_\_\_ hours prn **-OR-**  \_\_\_\_\_

**DVT Prophylaxis:**  None  SCDS  Hold for patient going to surgery

- Enoxaparin (Lovenox) 40 mg Subcutaneous every day
- Heparin 5000 units Subcutaneous every 12 hours

**Other Orders:** \_\_\_\_\_

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



### Hospitalist Admission Orders

PATIENT IDENTIFICATION