

## General Admission

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Order Set Instructions: Orders with a checked box are done unless lined out and initialed

Admit to Dr. \_\_\_\_\_  Inpatient Med/Surg  Observation  Telemetry  ICU



Diagnosis: \_\_\_\_\_  Secondary Diagnosis: \_\_\_\_\_

Allergies  NKDA  \_\_\_\_\_

Condition  Fair  Serious  Critical

Code Status  Full Code  See Advance Directive  DNR

### Nursing Orders

- Education, disease process or condition
- Smoking cessation education (if patient is a current smoker or has quit within the last year) 
- Complete Influenza/ Pneumococcal Vaccine Order Sheet 
- Complete DVT/PE Risk Assessment. Notify Admitting Physician for orders if Risk Factor is above 2
- Measure height : \_\_\_\_\_ and weight \_\_\_\_\_
- Glucose, blood, point-of-care measurement 4 times a day, with meals and at bedtime

Vital signs (includes Pulse Ox)  every 4 hours  \_\_\_\_\_  Pulse oximetry ,Continuous  
Activity  Bedrest  Bedrest with bedside commode  Bedrest with BRP  
 Up to chair, as tolerated  Up ad lib with assistance  Up ad lib

Diet  NPO  Regular diet  Other \_\_\_\_\_  
 Therapeutic diet, low sodium (2 gm)  Therapeutic diet, diabetic \_\_\_\_\_ calorie

### Medications

- Saline lock, if indicated
- Sodium Chloride 0.9% 1000 ml \_\_\_\_\_ ml/hour
- acetaminophen (TYLENOL) 650 mg po every 4 to 6 hours PRN for fever or pain
- zolpidem (AMBIEN) 5 mg tablet po daily, at bedtime PRN for insomnia
- zolpidem (AMBIEN) 10 mg po daily, at bedtime PRN for insomnia
- MILK OF MAGNESIA 30 ml daily PRN for constipation
- docusate sodium (COLACE) 100 mg po 2 times a day
- bisacodyl (DULCOLAX) 10 mg suppository rectally daily PRN for constipation

### Nicotine Withdrawal Symptom Control

- nicotine (NICODERM CQ) 21 mg/24 hr transdermal film, extended release 1 patch transdermally daily ; remove old patch before applying new patch

### Diagnostic Tests

CBC with diff  CMP  CXR, AP/Lateral  
 BMP  Urinalysis (UA)  12-lead ECG

Consults  Consult to Dr. \_\_\_\_\_ for \_\_\_\_\_

### Other Orders

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

Form#12340089

