### Regional Routine Admission [30400927]

**Height_____________________**
**Weight_____________________**
**Allergies_____________________**

#### General

**Regional Hospital Level of Care**

<table>
<thead>
<tr>
<th></th>
<th>Admit to Inpatient (Regional Hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Meets Admission Criteria: 

**SAH, SCH, SFH, SJMC & Highline Code Status (Single Response)**

- [ ] Full code
  - This code status was determined by:

- [ ] Full treatment WITH intubation but WITHOUT ACLS
  - This code status was determined by:

- [ ] Full treatment WITHOUT intubation and WITHOUT ACLS
  - This code status was determined by:

- [ ] Comfort Care
  - This code status was determined by:

#### Vital Signs

- [] Vital signs
- [] Frequent vital signs

- Routine, Every 4 hours, Starting today For Until specified

  - Q15 minutes x (# of occurrences):
  - Q30 minutes x (# of occurrences):
  - Q1 hour x (# of occurrences):
  - Q2 hours x (# of occurrences):
  - Q4 hours x (# of occurrences):
  - Then:

  - Until discontinued, Starting today

#### Isolation

- [] Contact Isolation
- [] Droplet Isolation
- [] Neutropenic precautions
- [] Contact Enteric Isolation

- Routine, Continuous, Starting today

#### Cardiac Monitoring

- [X] Cardiac monitoring
- Routine, Until discontinued, Starting today

**Notify Provider**
Notify provider

Routine, Until discontinued, Starting today
Pulse greater than: 100
Respiratory rate less than: 12
Respiratory rate greater than: 24
Temperature greater than (celsius): 38.3
Urine output less than (mL/hr):
Systolic BP greater than: 200
Systolic BP less than: 100
Diastolic BP greater than: ______________________
Diastolic BP less than: ______________________
Other: ______________________
Pulse less than: 60
Oxygen saturation less than 88%
Critical lab values per lab protocol
Change from baseline in cardiac rate or rhythm

Nursing Interventions

[X] Intake and Output
Routine, Every 2 hours, Starting today

[X] Measure weight
Routine, Weekly, Starting today

[X] Insert/maintain peripheral IV
Routine, Continuous, Starting today, Per IV Therapy

[X] Foot care
Routine, Until discontinued, Starting today, Foot care/toenail clipping by Foot Care Services

[ ] Insert urinary retention catheter
Routine, As needed, Starting today, Insert or change Foley catheter on admit

[ ] Maintain Catheter
Routine, Until discontinued, Starting today, Maintain existing Foley catheter until further order

[X] Nursing communication
Routine, Until discontinued, Starting today, If Temperature is greater than/equal to 101 degrees F; If not cultured in previous 72 hours obtain: UA and culture if indicated CBC with Differential,CMP,CRP, Procalcitonin and Chest x-ray. Then Notify Physician

[X] Follow oral care protocol
Routine, 4 times daily, Starting today For Until specified

[X] Follow Patient Influenza Vaccination Protocol to maintain patients annual vaccine
Routine, Until discontinued, Starting today

Emergency Intervention Orders

[X] Nursing communication
Routine, Until discontinued, Starting today, Emergency Intervention: Nurse may initiate Critical Care Nurse Initiated Order Set with the following orders and notify provider.
For signs/symptoms suggestive of respiratory compromise:
1) Obtain O2 saturation and titrate oxygen administration to keep O2 saturation greater than or equal to 90% or baseline
2) Draw STAT ABG as needed for patient with deteriorating SaO2 or SaO2 less than 90%
3) Obtain STAT portable chest x-ray

For signs/symptoms suggestive of chest pain:
1) STAT ECG
2) Draw STAT CPK, TNI

For signs/symptoms suggestive of metabolic disorders:
1) Draw STAT BMP
2) Fingerstick blood glucose
3) Administer Dextrose 50% 25 ml IV if blood glucose less than 70 mg/dL
**Respiratory Intervention**

[X] **Oxygen therapy PRN**

- Routine, Continuous, Starting today
- O2 Delivery Method: Nasal cannula
- Titrate to saturation of: 90%
- Indications for O2: Hypoxemia
- Indicate LPM/FIO2:
  - RT to manage per protocol

[X] **Continuous Pulse Oximetry**

- Routine, Until discontinued, Starting today
- Keep O2 saturation greater than or equal to:

<table>
<thead>
<tr>
<th>Ventilator Bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Mechanical vent - invasive</td>
</tr>
<tr>
<td>Routine, Until discontinued, Starting today</td>
</tr>
<tr>
<td>Defer to RT for Settings:</td>
</tr>
<tr>
<td>Type of ventilation:</td>
</tr>
<tr>
<td>Tidal Volume:</td>
</tr>
<tr>
<td>Rate:</td>
</tr>
<tr>
<td>PEEP:</td>
</tr>
<tr>
<td>FiO2:</td>
</tr>
<tr>
<td>Titrate FiO2 to maintain sat &gt;:</td>
</tr>
<tr>
<td>Titrate FiO2 to maintain sat &lt;:</td>
</tr>
<tr>
<td>Pressure support:</td>
</tr>
<tr>
<td>Release Rate:</td>
</tr>
<tr>
<td>P High (High CPAP):</td>
</tr>
<tr>
<td>P Low (Low CPAP):</td>
</tr>
<tr>
<td>Time High:</td>
</tr>
<tr>
<td>Time Low:</td>
</tr>
</tbody>
</table>

[X] **Elevate HOB**

- Routine, Until discontinued, Starting today
- Elevate HOB: Other, 30 degrees or greater unless contraindicated

[X] **Follow oral care protocol**

- Routine, 4 times daily, Starting today For Until specified, For ventilated patients
- 10 mL, Swish & Spit, 2 times daily While artificial airway in place.
- Routine

[X] **Blood gas, arterial**

- Once, Starting today For 1 Occurrences On admit and then per protocol.

[X] **Delirium Assessment Routine**

- Routine, Until discontinued, Starting today, Document delirium assessment every shift using CAM-ICU.

[X] **Weaning parameters**

- Routine, Daily (RT), Starting today, On all vented patients. Assess and wean daily per ventilator weaning protocol, unless otherwise ordered by provider.

**Diet**

[X] **Diet Renal**

- Diet effective now, Starting today For Until specified
- Select/Nonselect: REQUIRED
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Diet Comments:

[X] **Diet NPO**

- Diet effective now, Starting today
- NPO Except:
- Diet Comments:
**Diet Cardiac**

- Diet effective now, Starting today
- Select/Nonselect: __________________ REQUIRED
- Additional Modifiers: Low Fat
- Viscosity/Liquids: __________________
- Texture: __________________
- Fluid Restriction / day: __________________
- Supplements: __________________

**Diet General**

- Diet effective now, Starting today
- Select/Nonselect: __________________ REQUIRED
- Additional Modifiers: __________________
- Viscosity/Liquids: __________________
- Texture: __________________
- Fluid Restriction / day: __________________
- Sodium Modifiers: __________________
- Supplements: __________________

**Diet Diabetic**

- Diet effective: Renal or Gestational
- Select/Nonselect: __________________ REQUIRED
- Additional Modifiers: __________________
- Viscosity/Liquids: __________________
- Texture: __________________
- Fluid Restriction / day: __________________
- Sodium Modifiers: __________________
- Supplements: __________________
- Total Calories: __________________

**Diet Dysphagia**

- Diet effective now, Starting today For Until specified
- Select/Nonselect: __________________ REQUIRED
- Additional Modifiers: __________________
- Viscosity/Liquids: __________________
- Texture: __________________
- Fluid Restriction / day: __________________
- Diet Comments: __________________

**Tube Feeding**

**Diet Tube Feeding with Tray**

- Diet effective now, Starting today
- Tube Feeding Formula: __________________
- Bolus Feeding Formula: __________________
- Tube Feeding Bolus (mL): __________________
- Tube Feeding Bolus frequency: __________________
- Begin/Advance comment: __________________
- Tube Feeding Continuous Goal rate (mL/hr): __________________
- Tube Feeding Cyclic (start / stop time): __________________
- Tube Feeding Cyclic Rate (mL/hr): __________________
- Tube Feeding water flush (mL): __________________
- Water Flush type: __________________
- Water flush frequency: __________________

**Confirm PEG placement before tube feeding**

- Routine, Until discontinued, Starting today, Confirm PEG placement with KUB before use for tube feeding

**Activities**

- [X] Activities of daily living and patient hygiene per nursing protocol Routine, Until discontinued, Starting today
- [ ] Bed rest Routine, Until discontinued, Starting today
- [ ] Commode at bedside Routine, Until discontinued, Starting today
### Pharmacy Consults

| [ ] Pharmacy to dose TPN | Indication: [REQUIRED]  
Routine, Once, Starting today For 1 Occurrences, Initiate TPN per pharmacy protocol if patient is on TPN |
|-------------------------|--------------------------------------------------|
| [ ] heparin per pharmacy protocol | Reason for Use: [REQUIRED]  
Should there be a bolus dose? Yes or No [REQUIRED]  
Routine, See admin instructions  
Initiate heparin per pharmacy protocol if patient is on heparin infusion. |
| [ ] warfarin (COUMADIN) per Pharmacy protocol | Routine, See admin instructions  
Initiate warfarin per pharmacy protocol if patient is on warfarin. |

### Consults

| [X] Inpatient consult to Respiratory Care | Reason for Consult? [REQUIRED]  
Routine, Once, Starting today For 1 Occurrences |
| [ ] Inpatient consult to Infectious Diseases | Reason for Consult? [REQUIRED]  
RN/Secretary to contact the consulting provider? [REQUIRED]  
| [ ] Inpatient consult to Renal Care | Reason for Consult? [REQUIRED]  
RN/Secretary to contact the consulting provider? [REQUIRED]  
| [ ] Inpatient consult to Palliative Care | Reason for Consult? [REQUIRED]  
RN/Secretary to contact the consulting provider? [REQUIRED]  
| [ ] Speech and language pathology eval and treat | Routine, Once, Starting today For 1 Occurrences  
Type? [REQUIRED]  
| [X] Inpatient consult to Dietary | Reason for Consult? Diet consultation to evaluate  
| [X] Inpatient consult to Wound Care/ET | Reason for Consult? Wound Specialist to evaluate and treat as indicated  
| [X] PT eval and treat | Routine, Once, Starting today For 1 Occurrences  
Reason for PT? Other, PT consultation to evaluate and treat per protocol.  
| [X] OT eval and treat | Routine, Once, Starting today For 1 Occurrences  
Reason for OT? Other, OT consultation to evaluate and treat per protocol.  
| [X] Inpatient consult to IV therapy | Reason for Consult? IV Therapy consultation to evaluate for access |

### Labs

#### Labs on Admission

| [X] CBC and differential | Once, Starting today For 1 Occurrences  
On Admission |
| [X] Comprehensive metabolic panel | Once, Starting today For 1 Occurrences  
On Admission |
| [X] C-reactive protein | Once, Starting today For 1 Occurrences  
On Admission |
| [ ] Respiratory culture and gram stain | Specimen Source: [REQUIRED]  
Once, Starting today For 1 Occurrences |
| [X] Urinalysis | Once, Starting today For 1 Occurrences  
On Admission |
| [ ] Urinalysis with culture, if indicated | Once, Starting today For 1 Occurrences  
On Admission |
| [ ] Clostridium difficile toxin | Once, Starting today For 1 Occurrences  
On Admission, if diarrhea |
| [X] Prealbumin | Once, Starting today For 1 Occurrences  
On Admission |
<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Start Date</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphorus</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admission</td>
<td></td>
</tr>
<tr>
<td>Lipid panel</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admission</td>
<td></td>
</tr>
<tr>
<td>TSH</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admission</td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admission</td>
<td></td>
</tr>
<tr>
<td>Protime-INR</td>
<td>Weekly, Starting today For 3 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td>Weekly, Starting today For 3 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Daily, Starting today For 3 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive metabolic panel</td>
<td>Weekly, Starting 6/10/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC and differential</td>
<td>Weekly, Starting 6/10/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphorus</td>
<td>Weekly, Starting 6/10/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prealbumin</td>
<td>Weekly, Starting 6/10/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triglycerides</td>
<td>Weekly, Starting 6/10/14 For Until specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated partial thromboplastin time</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admit</td>
<td></td>
</tr>
<tr>
<td>Unfractionated heparin anti-10A level</td>
<td>Once, Starting today For 1 Occurrences</td>
<td>On Admit</td>
<td></td>
</tr>
<tr>
<td>Protime-INR</td>
<td>Daily, Starting today</td>
<td>On Admit and Daily</td>
<td></td>
</tr>
<tr>
<td>CBC and differential</td>
<td>As needed, Starting today</td>
<td>2 times per week</td>
<td></td>
</tr>
<tr>
<td>Comprehensive metabolic panel</td>
<td>Weekly, Starting today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prealbumin</td>
<td>As needed, Starting today</td>
<td>Every other week</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>Weekly, Starting today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prealbumin</td>
<td>Weekly, Starting today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinalysis with culture, if indicated</td>
<td>Once, Starting today For 1 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory culture and gram stain</td>
<td>Specimen Source: <em>REQUIRED</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood cultures</td>
<td>Once, Starting today For 2 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood cultures x 2</td>
<td>Now then in 15 minutes, Starting today For 2 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC and differential</td>
<td>Once, Starting today For 1 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive metabolic panel</td>
<td>Once, Starting today For 1 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-reactive protein</td>
<td>Once, Starting today For 1 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procalcitonin</td>
<td>Once, Starting today For 1 Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td>Order Details</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td></td>
</tr>
<tr>
<td><strong>Imaging</strong></td>
<td><strong>X-ray chest AP portable</strong></td>
<td>STAT, 1 time imaging, Starting today For 1 Occurrences Reason for Exam: __________________________ REQUIRED Is the patient pregnant? Unknown Transport Mode: Portable</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>X-ray chest PA and lateral</strong></td>
<td>STAT, 1 time imaging, Starting today For 1 Occurrences Reason for Exam: __________________________ REQUIRED Is the patient pregnant? Unknown Transport Mode: Bed</td>
<td></td>
</tr>
<tr>
<td><strong>EKG</strong></td>
<td><strong>ECG 12 lead</strong></td>
<td>Routine, As needed, Starting today Reason for Exam (Signs &amp; Symptoms): __________________________ REQUIRED On Admission and as needed</td>
<td></td>
</tr>
<tr>
<td><strong>VTE Prophylaxis</strong></td>
<td><strong>Apply sequential compression device</strong></td>
<td>Routine, Until discontinued, Starting today, Apply while in bed unless on anticoagulants</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>heparin (porcine) injection 5,000 units/mL</strong></td>
<td>5,000 Units, SubCutaneous, Every 8 hours (If not on warfarin). Routine</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>heparin (porcine) injection 5,000 units/mL</strong></td>
<td>5,000 Units, SubCutaneous, Every 12 hours (If not on warfarin). Routine</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>enoxaparin (LOVENOX) syringe 40 mg</strong></td>
<td>40 mg, SubCutaneous, Every 24 hours interval (If not on warfarin). If BMI &gt; 40 mg/m2, Enoxaparin 40 mg subcutaneous q 12 hr. If CrCl &lt; 30 mL/min, stop enoxaparin and start heparin 50000 units subcutaneous q 8 hr. Routine</td>
<td></td>
</tr>
<tr>
<td><strong>IV Fluids</strong></td>
<td><strong>sodium chloride 0.9% (NS) infusion</strong></td>
<td>10 mL/hr, IntraVEnous, Continuous If on IV antibiotics or requiring frequent prn medications. Routine</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Saline Lock and Flush panel</strong></td>
<td>10 mL, IntraCatheter, Every 8 hours interval Flush peripheral lines every shift Discontinue prior to discharge Routine</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>sodium chloride 0.9% syringe</strong></td>
<td>Routine, Continuous, Starting today</td>
<td></td>
</tr>
</tbody>
</table>
### Medications

#### Acid Reduction

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pantoprazole (PROTONIX) EC tablet</td>
<td>40 mg, Oral</td>
<td>Every morning before breakfast</td>
<td>Routine</td>
</tr>
<tr>
<td>Lansoprazole (PREVACID SOLUTAB) disintegrating tablet</td>
<td>30 mg, Feeding Tube</td>
<td>Every morning before breakfast</td>
<td>Routine</td>
</tr>
</tbody>
</table>

**Or** Linked Panel

- Famotidine 20 mg 2 times daily
  - Famotidine (PEPCID) tablet | 20 mg, Oral | 2 times daily | Routine |
  - Famotidine (PEPCID) tablet | 20 mg, Feeding Tube | 2 times daily | Routine |
  - Famotidine (PEPCID) IV syringe | 20 mg, IntraVE Nos | at 300 mL/hr | 2 times daily | Routine |

**And** Linked Panel

- Pantoprazole 40 mg IVPB q12h
  - Pantoprazole (PROTONIX) infusion | 40 mg, IntraVE Nos | for 15 Minutes | Max rate = 3 mg/min (225 ml/hr) | Below Y-Site CLOSEST to patient | Fraught pre & post with saline, D5w or LR | Routine |

- Sucralfate 1 gram q6h

**Or** Linked Panel

- Sucralfate 1 GRAM TABLET | 1 g, Oral | Every 6 hours | Routine |
- Sucralfate 100 MG/ML ORAL SUSPENSION | 1 g, Feeding Tube | Every 6 hours | Routine |

#### Antipyretic

**Or** Linked Panel

- Acetaminophen (TYLENOL) tablet | 650 mg, Oral | Every 6 hours PRN | mild pain, prn pain or fever >= 101F | Routine |
- Acetaminophen (TYLENOL) solution 650 mg/20.3ml | 650 mg, Oral | Every 6 hours PRN | moderate pain, prn pain or fever >= 101F | Routine |

#### Respiratory

**And** Linked Panel

- Ipratropium (ATROVENT) nebulizer solution | 0.5 mg, Nebulization | Every 2 hour PRN | wheezing, Routine |
- Albuterol sulfate 2.5 mg/3 mL (0.083 %) nebulizer solution | 2.5 mg, Nebulization | Every 2 hour PRN | wheezing, shortness of breath, Routine |
- Budesonide (PULMICORT) nebulizer solution 0.25 mg/2mL | 0.5 mg, Nebulization | 2 times daily (RT) | Routine |

#### Bowel Program

**Or** Linked Panel

- Docusate SODIUM 100 MG CAPSULE | 200 mg, Oral | Every 12 hours PRN | constipation, (no longer than 24 consecutive hours from last bowel movement) | For 4 Doses For up to 4 doses (including doses at prior facility). Then may give for up to 2 doses with dulcolax 10 mg rectal suppository x1 PRN. Notify licensed independent practitioner if: A) If dulcolax is ineffective after 4 hours B) no bowel movement in past 48 consecutive hours | Routine |
**PHYSICIAN ORDERS**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docusate (COLACE) liquid</td>
<td>50 mg/5 mL</td>
<td>200 mg, Feeding Tube</td>
<td>Every 12 hours PRN</td>
<td>Constipation, no longer than 24 consecutive hours from last bowel movement</td>
</tr>
</tbody>
</table>

For up to 4 doses (including doses at prior facility). Then may give for up to 2 doses with dulcolax 10 mg rectal suppository x1 PRN.

Notify licensed independent practitioner if:
A) If dulcolax is ineffective after 4 hours
B) No bowel movement in past 24 consecutive hours

**bisacodyl (DULCOLAX) suppository**

10 mg, Rectal, Once as needed, constipation, no longer than 24 consecutive hours from last bowel movement. For 1 Doses

For up to 4 doses (including doses at prior facility). Then may give for up to 2 doses with dulcolax 10 mg rectal suppository x1 PRN.

Notify licensed independent practitioner if:
A) If dulcolax is ineffective after 4 hours
B) No bowel movement in past 48 consecutive hours

**Routine**

**Date:** _______  **Time:** _______  **Printed Name of Ordering Provider:** ____________________________________________________________________________

**Provider Signature:** ____________________________________________________________________________

**Date:** _______  **Time:** _______  **RN Acknowledged:** ____________________________________________________________________________