PATIENT CLASS:	Medical	Trauma	Recovery		
Last Name		First Name		Middle Initial	
Room	Date	Time	Height	Weight	
Allergies:					
Diagnosis:					

\checkmark	Level of Care	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Admit to Inpatient						
	Refer to Observation						
	Extended Recovery						
\checkmark	Code	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Full Code						
	Full treatment WITH intubation but Without ACLS						
	Full Treatment WITHOUT intubation and WITHOUT ACLS						
	Comfort Care						
\checkmark	Isolation Orders	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Contact Isolation						
	Droplet Isolation						
	Airborne Respirator Isolation						
	Airborne Respirator Contact , Droplet Isolation						
	Neutropenic Precautions						
	Contact Enteric Isolation						
√	Vital Signs	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Vital Signs						
\checkmark	Activity	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Activity as tolerated						
	Bed Rest						
	Bathroom Privileges						
	Commode at Bedside						
	Elevate Extremity						
	Elevate HOB						
	Up with Assistance						
	Up in Chair						
√	Diet	Acknowledge	Init <u>ials</u>	Date & Time	Recovery	Initials	Date & Time
	Diet General					,	
	Diet Cardiac					1	
	Diet Diabetic)) ^	
	Diet Liquid				70	7.4	7 2
\vdash	Diet Eigala						
	Diet Renal			C.			

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GENERAL MEDICAL ADMISSION PAPER ORDER SHEETS DOWNTIME

PATIENT INFORMATION

Lab

√	Chemistry	Collection Date & Time	Initials
	Basic Metabolic Panel [678]		
	Troponin I [64647]		
	Lipase [846]		
	Lactic Acid, Venous[64630]		
	Calcium Ionized [756]		
	Potassium [876]		
	Magnesium [854]		
	Phosphorus [874]		
	Hepatic Function Panel [688]		
	TPN Panel 10 [101437]		
	Newborn Metabolic Screen [7636]		
	Hemoglobin AIC [828]		
√	Coagulation	Collection Date & Time	Initials
	Protime-INR [1750]		
	Activated Partial Thromboplastin Time [1760]		
	Unfractionated Heparin Anti-10A Level [1744]		
	Extra Blue Top Nacit Tube Beaker [199656]		
\checkmark	Hematology	Collection Date & Time	Initials
	CBC and Differential [1696]		
	CBC No Diff (Hemogram) [1698]		
	Hematocrit [1688]		
	Urine		
	UA With Culture, if indicated [101445]		

Lab Additional Orders

√	Others	Collection Date & Time	Initials
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GENERAL MEDICAL ADMISSION PAPER ORDER SHEETS DOWNTIME

PATIENT INFORMATION

edications	Dose	Units	Route	Frequency	Time Ordered	Time Entered	
/ IV Fluids							
Sodium Chloride 0.9% [7319]	3mL, 5mL 10 MI		Intravenous	Every 8 hours			
Sodium Chloride 0.9% [27838]	1000 MI		Intravenous	Once			
Dextrose 50 % in Water (D50W) [119654]	50mL 12.5		Intravenous	Once			
Antiemetic/Antivertigo Agents							
Ondasetron HCL (PF) [106348]	4mg /2ML		Intravenous	Once			
Electrolyte Maintenance							
Lactacted Ringers Intravenous Solution [4318	3] 125mL/hr		Intravenous	Today			
Analgesic/Antipyretics, Non Salicylate							
Acetaminophen [101]	325mg		Oral	Today			
Analgesic Narcotic, Anesthetic Adjunct Agen	ts						
Fentanyl (PF) [3037]	50mcg		Intravenous	Once			
Oxycodone [10814]	5mg		Oral	Once			
Meperidine (PF) [123221]	25 MG/ML		Intravenous	Once			
Hydromorphone 2 MG/ML Injection Syringe [118595]	2 MG/ML		Intravenous	Once			
Oxycodone-Acetaminophen 5 MG-325 MG Tablet [5940]	5-325 MG		Oral	Every 4 hours PRN			
Lidocaine (PF) 10 MG/ML (1 %) Injection Solution [104207]	10 mg/Ml (1%)		Intradermal	Once			
Narcotic Antagonist							
Naloxone [119869]	0.4 MG/MI		Intravenous	Once			
Antiemetic							
Metoclopramide [5002]	5m/ML		Intravenous	Once			
Promethazine [6618]	25mg/ml		intravenous	Once			
Bowel Program							
Docusate Sodium [2566]	100mg		Oral	2 times daily			
Respiratory							
Ipratropium-Albuterol [93931]	3mL		Nebulization	Every 4 hours PRN			
Albuterol Sulfate [250]	2.5mg		Nebulization	Every 4 hours PRN	.1		
Electrolyte Replacement Therapy							
Electrolyte Replacement Protocol: Med Surg OR Med Surg/Tele [40840603]		Re	efer to Protocol		12/10	ord.	
			la at	201/2	7 200		
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Med Surg OR Med Surg/Tele [40840603] CHI Franciscan GENERAL MEDICAL ADMISSION PAPER ORDER SHEETS DOWNTIME							

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An	tibiotics	Dose	Units	Route	Frequency	Time Ordered	Time Entered
\checkmark	Hypoglycemia				. ,		
	Glucagon (Human Recombinant) [126497]	1mg		Intramuscular	Once		
√	Coaagulation						
	Heparin (Porcine) [10181]	5000 Unit/ML	5000 units	Subcutaneous	Every 8 hours		
√	OTHER-Medications (Additional Orders)						
Ima	aging						
\checkmark	Imaging						
	FL Upper GI [34898]						
\checkmark	Imaging Chest						
	XR Chest 1 View [33476]						
	XR Chest 2 Views [33480]						
	XR Pelvis 1 or 2 Views [61665]						
	XR Knee 2 Views Right [33666]						
	XR Knee 2 Views Left [33664]						
\checkmark	Imaging CT Head						
	CT Head without Contrast [33770]						
\checkmark	Imaging CT Neck						
	CT Angiogram Neck with and or Without						
	Contrast [33806]						
\checkmark	Imaging CT Abdoment						
	CT Abdoment Pelvis with Contrast [34653]						
\checkmark	Imaging Cardiac						
	NM Cardiac Spect Rest and Stress [34244]						
\checkmark	MRI						
	MRI Brain Without Contrast [33946]						
\checkmark	Imaging Additional Orders						
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GENERAL MEDICAL ADMISSION PAPER ORDER SHEETS DOWNTIME



√	VTE Prophylaxis	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	0-1 Risk Score & Low or High Bleeding						
	2-5 Risk Score & Low Bleeding Ris [SDC- Enoxaprin -heparin]						
	2-5 Risk Score & High Bleeding Risk [SCDs]						
	Reason for no VTE Prophylaxis						

Prophylaxis Regimen Guidelines

Total VTE Risk Factor Score	Incidence of VTE	VTE Risk Level
0-1	Less than 10%	Very Low Risk
2	10-20%	Low Risk
3-4	20-40%	Moderate Risk
5 or more	40-80% 1-5 mortality	High Risk

Bleeding Risk Assessment

HIGH Risk Factors	LOW Risk Factors				
Active Bleeding	Hepatic Insufficiency (INR greater than 1.5)				
Active Gastroduodenal Ulcer	Renal Insufficiency (GFR less than 30 ml/min/m2)				
UGI Bleed within 3 months	Elderly (Age 65 years or greater)				
Platelets less than 50,000	ICU stay				
Bleeding risk: 1 HIGH risk factor or 3 LOW risk factors = High Risk					

						Time	Time
\checkmark	VTE Prophylaxis Pharmacological	Dose	Units	Route	Frequency	Ordered	Entered
	Heparin Injection [75738407]		5000 Units	Subcutaneous	Every 12 hours		
	Heparin Injection [75738408]		5000 Units	Subcutaneous	Every 8 hours		
	Enoxaparin LOVENOX Injection [75738409]	40 mg		Subcutaneous	Daily		
	Reason for No VTE Prophylaxis (Pharm) [75738410] Note: Reason require to be in compliance with CMS Guidelines.	Reason:					

All orders must be dated Time and Signed.

Date and Time Orders.

Range Orders: Use Only one Range either dose or Time Interval.

PRN Orders: Must have indication included in the Order.

When Ordering multiple medications fot the same indication, include a clear distinction of when one agent should be administered over another.

Name Provider's Signature Date Time

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GENERAL MEDICAL ADMISSION PAPER ORDER SHEETS DOWNTIME

PATIENT INFORMATION