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PHARMACY

Diagnosis

- Primary Diagnosis: _____
- Secondary Diagnosis: _____

Service Designation

- Attending: Dr. _____
- Hospitalist: Dr. _____
- Date: _____
- Time: _____

Hospital Status

- Inpatient
- Observation
- Outpatient
- Note: Observation is for further evaluation of patient's condition due to diagnosis
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

Hospital Location

- Med/Surg _____
- PCU
- Negative pressure room

Allergies

- Update Allergies with Reactions: _____

VTE PE Prophylaxis Medical Evidence

- Heparin 5000 unit subcutaneously every 12 hours
- Heparin 5000 unit subcutaneously every 8 hours
- enoxaparin (Lovenox) 30 milligram subcutaneously every 24 hours
- enoxaparin (Lovenox) 40 milligram subcutaneously every 24 hours
- Consider platelet monitoring when initiating and treating heparin or lovenox
- Platelet count routine or _____(stat, urgent, daily)
- Reason for no chemical prophylaxis

- CIRCLE ONE:

Medical contraindication	Surgical contraindication	Anticoagulant allergy
Anticoag not tolerated	Bleeding	Blood coag disord
Blood coag disord liver	Platelet below ref range	Hx of HIT
Hemorrhagic cerebral infarc	Ant cereb circ hem infarc	Post cereb circ hem infarc
Renal impairment	Non-compliant – general	Non-compliant – refused
Medication refused	Treatment refused	Treatment not tolerated
Clinical trial patient	Comfort measures	Palliative care

Physician Signature: _____

Date / Time: _____

PATIENT STICKER



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- Sequential Compression Devices are only recommended for medical patients at high risk for bleeding

- Sequential Compression Device Left Calf
- Sequential Compression Device Right Calf
- Sequential Compression Device Left Foot
- Sequential Compression Device Right Foot
- Reason for no SCD's

- CIRCLE ONE:

Acquired deform lowr limb	AKA left	AKA right
Amputation L leg	Amputation R leg	Amputee
Amputee – limb	At risk for falls	BKA left
BKA right	Bil traum amp legs w comp	Bil traum amp legs wo com
Burn of lower limb	Clouded consciousness	Confusional state
Congestive heart failure	Critical lower limb ische	Dermatitis
Deformity of leg	DVT lower extremity	Edema of leg
Edema of lower extr	Hx lower limb amputation	Hx occl dz lower extr art
Hypervolemia	Injury of lower extremity	Ischemia lower limb
Ischemia peripheral	Peripheral vascular dz	Surg proc on lower extr
Skin graft disorder	Suspected DVT	Vasc insufficiency limb
Sensory neuropathy		

- If patient already on Coumadin, baseline PT/INR before resuming Coumadin
- warfarin (Coumadin) _____ milligram orally daily at 1700

VTE PE Prophylaxis Reminders

- For hospitalized acutely ill general medical patients who have a contraindication to anticoagulation, IPC or graduated ES should be used [Evidence](#)
- For hospitalized acutely ill general medical patients without contraindications who are confined to bed and have additional risk factors for VTE, DVT prophylaxis with LDUH, an LMWH, or a factor Xa inhibitor should be used [Evidence](#)
- Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used [Evidence](#)

IV Fluids

- Dextrose 5% with 0.45% NaCl _____ milliliter/hour
 - add 20 mEq Potassium Chloride per Liter of IV fluid
 - add 40 mEq Potassium Chloride per Liter of IV fluid
- Dextrose 5% with 0.9% NaCl _____ milliliter/hour
 - add 20 mEq Potassium Chloride per Liter of IV fluid
 - add 40 mEq Potassium Chloride per Liter of IV fluid
- Sodium Chloride 0.45% _____ milliliter/hour
 - add 20 mEq Potassium Chloride per Liter of IV fluid
 - add 40 mEq Potassium Chloride per Liter of IV fluid
- Sodium Chloride 0.9% _____ milliliter/hour
 - add 20 mEq Potassium Chloride per Liter of IV fluid
 - add 40 mEq Potassium Chloride per Liter of IV fluid
- Other IV Fluids: _____ milliliters/hour
- potassium chloride 20 mEq intravenously over _____ hours each for _____ doses

Physician Signature: _____

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Medications

Analgesics

- HYDROcodone-acetaminophen 7.5 mg-325 mg tab (Lortab 7.5) 1 tablet orally every 4 hours as needed for pain scale 1-5
- HYDROcodone-acetaminophen 7.5 mg-325 mg tab (Lortab 7.5) 2 tablet orally every 6 hours as needed for pain scale 6-10
- HYDROmorphine (Dilaudid) 0.5 milligram intravenously every 4 hours as needed for pain scale 1-5
- HYDROmorphine (Dilaudid) 0.5 milligram intravenously every 2 hours as needed for pain scale 6-10
- HYDROmorphine (Dilaudid) 1 milligram intravenously every 4 hours as needed for pain scale 1-5
- HYDROmorphine (Dilaudid) 1 milligram intravenously every 2 hours as needed for pain scale 6-10
- ibuprofen 400 milligram orally 3 times a day as needed for pain scale 1-5
- ibuprofen 600 milligram orally 4 times a day as needed for pain scale 6-10
- ketorolac (Toradol) 10 milligram orally every 6 hours for 5 day as needed for pain scale 1-5
- ketorolac (Toradol) 30 milligram intravenously every 6 hours for 5 day as needed for pain scale 6-10
- morphine sulfate 2 milligram intravenously every 4 hours as needed for pain scale 1-5
- morphine sulfate 4 milligram intravenously every 4 hours as needed for pain scale 6-10
- morphine sulfate 15 milligram orally every 4 hours as needed for pain scale 6-10
- oxyCODONE-acetaminophen 5 mg-325 mg tab (Percocet 5) 1 tablet orally every 4 hours as needed for pain scale 1-5
- oxyCODONE-acetaminophen 5 mg-325 mg tab (Percocet 5) 2 tablet orally every 6 hours as needed for pain scale 6-10
- oxyCODONE (OxyIR) 5 milligram orally every 6 hours as needed for pain scale 6-10
- acetaminophen-codeine 300 mg-30 mg tab (Tylenol #3) 1 tablet orally every 4 hours as needed for pain scale 1-5
- acetaminophen-codeine 300 mg-30 mg tab (Tylenol #3) 2 tablet orally every 6 hours as needed for pain scale 6-10
- Total acetaminophen dose not to exceed 4 gms per day
- In chronic hepatic disease, consider lower maximum acetaminophen dose of 2 gm per day
- 1 mg dilaudid is equivalent to 10 mg morphine

Antidiarrheal Agents

- bismuth subsalicylate (Pepto-Bismol) 30 milliliter orally 4 times a day as needed for diarrhea
- diphenoxylate-atropine 2.5-0.25 mg (Lomotil) 2 tablet orally 4 times a day as needed for diarrhea; maximum 8 tablets in 24 hours
- loperamide (Imodium) 4 milligram orally once initial dose
- loperamide (Imodium) 2 milligram orally as needed for diarrhea -after each loose stool; maximum 16 milligrams in 24 hours

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Antiemetics

- metoclopramide (Reglan) 5 milligram intravenously every 6 hours as needed for nausea/vomiting
- metoclopramide (Reglan) 10 milligram intravenously every 6 hours as needed for nausea/vomiting
- ondansetron (Zofran) 4 milligram orally every 4 hours as needed for nausea/vomiting
- ondansetron (Zofran) 4 milligram intravenously or intramuscularly every 4 hours as needed for nausea/vomiting
- prochlorperazine (Compazine) 10 milligram orally 3 times a day as needed for nausea/vomiting
- prochlorperazine (Compazine) 25 milligram rectally 2 times a day as needed for nausea/vomiting
- prochlorperazine (Compazine) 2.5 milligram intravenously every 4 hours as needed for nausea/vomiting
- promethazine (Phenergan) 25 milligram orally every 6 hours as needed for nausea/vomiting
- promethazine (Phenergan) 12.5 milligram suppository every 6 hours as needed for nausea/vomiting
- promethazine (Phenergan) 25 milligram suppository every 6 hours as needed for nausea/vomiting

Antihypertensives: Angiotensin-Converting Enzyme Inhibitors

- benazepril (Lotensin) _____ milligram orally once a day
- captopril (Capoten) 25 milligram orally 3 times a day, before meals
- captopril (Capoten) 50 milligram orally 3 times a day, before meals
- enalapril (Vasotec) 5 milligram orally once a day
- enalapril (Vasotec) 10 milligram orally once a day
- lisinopril (Zestril) _____ milligram orally once a day

Antihypertensives: Angiotensin Receptor Blockers

- candesartan (Atacand) _____ milligram orally once a day
- losartan (Cozaar) _____ milligram orally once a day
- valsartan (Diovan) _____ milligram orally once a day

Antihypertensives: Beta-Blockers

- atenolol (Tenormin) 25 milligram orally once a day
- atenolol (Tenormin) 50 milligram orally once a day
- carvedilol (Coreg) 6.25 milligram orally 2 times a day, with meals (BIDWM)
- carvedilol (Coreg) 12.5 milligram orally 2 times a day, with meals (BIDWM)
- carvedilol (Coreg) 25 milligram orally 2 times a day, with meals (BIDWM)
- metoprolol succinate (Toprol XL) 50 milligram orally once a day
- metoprolol succinate (Toprol XL) 100 milligram orally once a day
- metoprolol tartrate (Lopressor) 50 milligram orally 2 times a day
- metoprolol tartrate (Lopressor) 100 milligram orally 2 times a day
- propranolol extended release (Inderal LA) 60 milligram orally once a day
- propranolol extended release (Inderal LA) 80 milligram orally once a day

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Anti-ulcer Agents

- aluminum hydroxide (Amphojel/Basagel) 30 milliliter orally every 4 hours as needed for indigestion/heartburn
- calcium carbonate (Tums) 1,000 milligram orally every 6 hours as needed for indigestion/heartburn
- famotidine (Pepcid) 20 milligram orally 2 times a day
- famotidine (Pepcid) 20 milligram intravenously 2 times a day
- pantoprazole (Protonix) 40 milligram orally once a day
- pantoprazole (Protonix) 40 milligram intravenously once a day

Anxiolytic Agents

- ALPRAZolam (Xanax) 0.25 milligram orally 3 times a day as needed for anxiety/agitation/delirium
- LORazepam (Ativan) 1 milligram intravenously every 6 hours as needed for anxiety/agitation/delirium
- LORazepam (Ativan) 1 milligram orally every 6 hours as needed for anxiety/agitation/delirium

Laxatives

- docusate sodium (Colace) 100 milligram orally 2 times a day
- lactulose 15 milliliter orally once a day as needed for constipation
- magnesium hydroxide (Milk of Magnesia) 30 milliliter orally every 8 hours as needed for constipation unless patient is on dialysis
- polyethylene glycol (Miralax) 1 packet orally once a day for 3 doses as needed for constipation daily or until bowel movement, mix as directed
- sennosides (Senokot) 2 tablet orally once a day, at bedtime as needed for constipation
- sodium phosphates enema (Fleet Enema) 133 milliliter enema rectally once as needed for constipation

Lipid-Regulating Agents: HMG-CoA Reductase Inhibitors

- pravastatin (Pravachol) _____ milligram orally once a day
- simvastatin (Zocor) _____ milligram orally once a day, in the evening

Sedatives

- temazepam (Restoril) 15 milligram orally once a day, at bedtime as needed for insomnia
- zolpidem (Ambien) 5 milligram orally once a day, at bedtime as needed for insomnia

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Ancillary Medications

- acetaminophen (Tylenol) 650 milligram orally every 6 hours as needed for pain scale 1-5 or temp greater than 101
acetaminophen (Tylenol) 650 milligram rectally every 6 hours as needed for pain scale 1-5 or temp greater than 101
Total tylenol dose not to exceed 4 gms per day
In chronic hepatic disease, consider lower maximum tylenol dose of 2 gm per day
alum-mag hydroxide-simeth susp (Maalox, Mylanta) 30 milliliter orally every 8 hours as needed for indigestion
bisacodyl (Dulcolax) 10 milligram suppository rectally once a day as needed for constipation if no relief from Milk of Magnesia
cloNIDine (Catapres) 0.1 milligram orally every 6 hours as needed for systolic BP greater than 160
guaifenesin DM (Robitussin DM) 5 milliliter orally every 4 hours as needed for cough
diphenhydramine (Benadryl) 25 milligram orally every 6 hours as needed for itching (Notify physician on call if severe)
diphenhydramine (Benadryl) 25 milligram intravenously every 6 hours as needed for itching (Notify physician on call if severe)
nicotine 14 mg/24 hr patch (Habitrol, Nicoderm) 1 patch transdermally every 24 hours as needed for nicotine withdrawal symptoms
Sore throat spray (Chloraseptic) spray orally as needed for sore throat

Additional Medications

- tuberculin PPD (Tubersol/Aplisol) 0.1 milliliter intradermal once
PPD Placement (Nursing)
[Blank lines for additional medication entries]

Physician Signature: _____

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Activity

- Bed rest strict
- Bed rest w bedside commode
- Bed rest w bathroom privileges
- Up w assistance
- Up to chair
- Up ad lib

Blood Conservation

- Blood Conservation order set reminder (print and complete order set)

Vital Signs

- Vital signs Q4
- Vital signs 0800,1600,2000,0400
- Vital signs Other _____

Nursing Orders

Nursing Orders

General Nursing Orders

- Isolation precautions _____
- Isolation precautions include: airborne, contact, contact plus (c. difficile), droplet, modified contact (2 East only), neutropenic
 - Weight daily
 - Intake and output every _____ hours
 - IV Access Peripheral
 - Telemetry
 - Catheter Indwelling
 - Catheter Condom
 - Catheter Suprapubic
 - Misc.: _____

Other Nursing Orders

- If ordering insulin for patient, choose Insulin Adult Subcutaneous Order Set
 - Insulin Adult Subcutaneous Order Set (print and complete order set)
- Blood glucose fingerstick with no insulin orders
 - Blood Glucose Fingerstick with no insulin orders every _____ hours
 - Blood Glucose Fingerstick with no insulin orders 4 times a day, before meals and at bedtime (ACHS)
 - Blood Glucose Fingerstick with no insulin orders 5 times a day before meals, at bedtime and at 0300 (ACHS3)

Specific Nursing Orders

- Phy Notify Systolic BP - less than 90 or greater than 160
- Phy Notify Diastolic BP - greater than 100
- Phy Notify Pulse Rate - less than 60 or greater than 125
- Phy Notify Temp - greater than 100.5 F
- Phy Notify Oxygen Saturation - less than 90%
- Catheter In & Out every _____ hours
- Wound Care Evaluate and Treat _____

Physician Signature: _____

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Pneumococcal Evidence

- Pneumococcal polysaccharide vaccine should be administered to all persons > 65 years of age without contraindications, and to persons with certain medical or geographic indications.

For patients 19 through 64 years of age who smoke, pneumococcal polysaccharide vaccine should be administered, and smoking cessation counseling given.

Influenza Virus Evidence

- Seasonal influenza vaccine should be administered annually to all adults without contraindications

Live attenuated seasonal influenza vaccine may be considered only for healthy, nonpregnant adults < 50 years of age who do not have contraindications.

Diet

- Nothing By Mouth
- Nothing By Mouth Except Medications
- NPO after Midnight-RN to manage
- Clear Liquid
- Regular
- _____ kcal Consistent Carbohydrate
- 2 Gm Sodium
- Mediterranean Style
- Renal
- Supplements _____
- Fluid Restriction _____ ml / 24 hours
- Other diet _____

Laboratory

Chemistry

- Metabolic Panel (Basic)
- Metabolic Panel (Complete)
- Glucose (Random)
- Glycated Hemoglobin (A1c)
- Magnesium
- Phosphorus (Inorganic)
- Potassium
- B-Type Natriuretic Peptide - Circle Directions: 1- Stat 2- Urgent
- Lipid Profile
- Liver Profile
- Renal function panel

Hematology

- CBC W / Auto Differentiation
- Partial Thromboplast Time
- Prothrombin Time daily X _____ days

Microbiology

- Gram stain, sputum
- Culture, Sputum w Gs
- Culture, blood x 2, 30 minutes apart
- Culture, Urine - Source (Cath, Clean Catch, etc.) _____

Physician Signature: _____

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Serology

- Occult blood (Hemocult) 1 specimen
- Occult blood (Hemocult) 2 specimens
- Occult blood (Hemocult) 3 specimens

Therapeutic Drug Levels/Toxicology

- Theophylline

Miscellaneous Labs

- 1. _____
- 2. _____

Radiology

Radiology

- Chest PA and Lateral - Reason for Exam _____
- Chest Portable - Reason for Exam _____

Additional Radiology Procedures (Reason for Exam Required for each Procedure)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Respiratory

- Rt Eval Manage CPAP BiPap (NIPPV) for Dx/Hx _____
- Rt Eval Manage Cpt Bronch Hyg for Dx/Hx _____
- Rt Eval Manage Incentive Spir for Dx/Hx _____
- Rt Eval Man Inhalation Therapy for Dx/Hx _____
- Rt Eval Manage O2 Therapy for Dx/Hx _____
- O2 Oxygen Titration Spo2 > 90% to keep sats at >90%
- Co2 Retainer-O2 Oxygen to keep sats between 88-93%
- O2 Oxygen Via Nasal Cannula @ _____lpm
- Blood Gas Arterial
- Peak Expiratory Flow Rate BID
- Pulse Oximetry Continuous
- Incentive Spirometry Q2HWA
- Chest Physio Percussion
- Avoid the routine use of chest physiotherapy for patients who do not have underlying problems with mucociliary clearance
- Assess oxygenation level by pulse oximetry or arterial blood gas examination
- Consider spacer if using inhaled beta-2 agonists or inhaled corticosteroids

Cardiology

- Electrocardiogram - Reason for Exam _____

Physician Signature: _____

Date / Time: _____

PATIENT STICKER



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Diagnostics

Additional Diagnostic Tests (Reason for Exam Required for each Procedure)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Ancillary Services

- PT Physical Ther Eval & Treat
Affected Extremity or Reason for PT _____
- OT Evaluate and Treat
Affected Extremity or Reason for OT _____
- St Bedside Swallowing Study
Indication _____
- St Eval & Treat Reason _____
- St Mod Barium Swallow Study
Indication _____
- 1. _____
- 2. _____

Consults

- Physician Urgent Consult
Physician who has been notified with Physician to Physician Consult _____
Reason for consult _____
- Physician Non Urgent Consult
Physician to Consult _____
Reason for consult _____
When is staff to notify physician? (now or in am) _____
- 1. _____
- 2. _____

Physician Signature: _____

Date / Time: _____

PATIENT STICKER