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PHARMACY

Diagnosis

- Primary Diagnosis
Secondary Diagnosis

Service Designation

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

Hospital Status

- Inpatient

Hospital Location

- ICU
Neg 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
Anticoag not tolerated
Bleeding
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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PHARMACY

- 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
 Amputation L leg
 Amputee – limb
 BKA right
 Burn of lower limb
 Congestive heart failure
 Deformity of leg
 Edema of lower extr
 Hypervolemia
 Ischemia peripheral
 Skin graft disorder
 Sensory neuropathy

AKA left
 Amputation R leg
 At risk for falls
 Bil traum amp legs w comp
 Clouded consciousness
 Critical lower limb ische
 DVT lower extremity
 Hx lower limb amputation
 Injury of lower extremity
 Peripheral vascular dz
 Suspected DVT

AKA right
 Amputee
 BKA left
 Bil traum amp legs wo com
 Confusional state
 Dermatitis
 Edema of leg
 Hx occl dz lower extr art
 Ischemia lower limb
 Surg proc on lower extr
 Vasc insufficiency limb

- 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](#)

Physician Signature: _____

Date / Time: _____

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PHARMACY

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 (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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PHARMACY

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

Anti-ulcer Agents

- aluminum hydroxide (Amphojel) 30 milliliter orally every 4 hours as needed
calcium carbonate (Tums) 1,000 milligram orally every 6 hours as needed for dyspepsia
famotidine (Pepcid) 20 milligram orally every 12 hours
famotidine (Pepcid) 20 milligram intravenously every 12 hours
pantoprazole (Protonix) 40 milligram orally once a day
pantoprazole (Protonix) 40 milligram intravenously once a day

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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 or until bowel movement, mix as directed
- senna (Senokot-S) 17.2 milligram orally once a day, at bedtime as needed for constipation
- sodium phosphates enema (Fleet Enema) 1 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

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

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Additional Medications

- tuberculin PPD (Tubersol/Aplisol) 0.1 milliliter intradermal once
- PPD Placement (Nursing)
- _____
- _____
- _____
- _____
- _____

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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Activity

- Bed Rest Strict
- Other: _____

Blood Conservation

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

Vital Signs

- Vital signs Q1H
- 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

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 _____

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.

Physician Signature: _____

Date / Time: _____

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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.) _____

Serology

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

Therapeutic Drug Levels/Toxicology

- Theophylline

Physician Signature: _____

Date / Time: _____





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Miscellaneous Labs

- 1. _____
- 2. _____

Radiology

Xray

- 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 _____
- Rt Eval Manage Ventilator Ther for Dx/Hx _____
- Ventilator Settings
 - Mode _____
 - Ventilator Tidal Volume Setting _____
 - FIO2% _____
 - Ventilator Respiratory Rate Setting _____
 - Positive End Expiratory Pressure _____
 - Ventilator Positive Pressure Support Setting _____
- 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
- For patients who are mechanically ventilated, evidence is inconclusive that any mode of weaning is superior to another

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