



Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders Deep Venous Thrombosis (location)

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry Other

Diagnosis: Deep Venous Thrombosis Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Hematology: _____

Allergies: _____

Code Signs: Full DNR (see DNR orders)

Vital Signs: Per unit protocol Every shift every _____ hours
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges

Nursing: Daily weight Intake & Output
 Foley to drainage
 Pulse oximeter every shift twice a day
 Glucose checks AC and at bedtime or every _____ hrs
 Continuous overnight monitor Other: _____

Diet: Regular NPO 2 gm low sodium Cardiac
 Clear liquid Full liquid Carbohydrate Controlled _____ Calories
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 90%. May DC if O2 sat greater than 90 % on RA.
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol for DVT/PE (when patient placed on protocol, or Lovenox, all associated labs and monitoring is included)
 Insulin Infusion Protocol (ICU patients only)

Labs: BMP CMP D-Dimer TSH UA ABG
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Guaiac stool x 1 Guaiac stools daily Other _____
 Labs: _____

Studies: CXR: Portable PA/Lateral
 EKG
 CT scan of chest with and without contrast
 Venous Doppler
 Venogram
 VQ Scan
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

Jordan Valley MEDICAL CENTER 3580 West 9000 South West Jordan, UT 84088 (801) 561-8888	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								



Medications: (Check the appropriate box.)

Anticoagulation

- Enoxaparin (Lovenox) 1 mg/kg subcutaneous every 12 hrs (renal dosing per pharmacy)
- Warfarin (Coumadin) _____mg PO daily. PT/INR daily while on Warfarin.

Pain

- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hrs PRN severe pain (unless patient is allergic to codeine or morphine)

- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO PRN q 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- Nicotine _____mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat does once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 24 hrs PRN for nausea and vomiting



Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hours)
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp greater than 101F (not to exceed 4 grams per 24 hours)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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