



Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders Syncope

Admitting Physician: _____ Date: _____ Time: _____
 Admit to Inpatient: Med/Surg Telemetry ICU
 Place in Observation Services: Med/Surg Telemetry Other _____
 Diagnosis: Syncope of unknown etiology Other: _____
 Condition: Stable Guarded Critical Good Fair Poor
 Consult: Cardiology: _____ Neurology: _____
 Other: _____

Allergies: _____

Code Status: Full DNR (see DNR order)

Per unit protocol Every shift every _____ hours Neuro checks every _____ hours

Vital Signs: 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 Continuous overnight monitor
 Glucose checks AC and at bedtime or every _____ hrs
 Other: _____

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

Labs: Troponin (STAT repeat in 8 hours) CPK Myoglobin
 BMP CMP BNP Urine drug screen Cardiac Enzymes (every 6 hrs x 3)
 ESR ANA RPR UA
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Fasting lipid profile B12 Other Labs: _____

Studies: CXray Portable PA/Lateral
 EKG 24hr Holter Monitor
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr. _____ to read
 CT Scan Brain With Contrast Without Contrast
 MRI Brain
 EEG
 Bilateral Carotid Doppler
 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)

- Aspirin 81 mg PO daily 162mg PO daily 325mg PO daily
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1mg PO every 6 hrs PRN 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
- 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)
- Temazepam (Restoril) 15 mg PO qHS 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 q 4 hr PRN mild pain (not to exceed 4 grams per 24 hrs)
- Acetaminophen (Tylenol) 650 mg PO q 4 hr PRN temp greater than 101F (not to exceed 4 grams per 24 hrs)
- 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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- _____
- _____
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