

Deep Venous Thrombosis _____ (location)

Attending Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Cardiac Tele Med/Surg Tele ICU

Place in Observation Services: Med/Surg Cardiac Tele Med/Surg Tele Other _____

Diagnosis: Deep Venous Thrombosis Other: _____

Hematology: _____

Pulmonary: _____

Other: _____

Allergies: _____

Code Status: Full DNR

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

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

Nursing: Daily weight Intake & Output Foley to drainage Glucose checks AC and at bedtime or every _____ hrs
 Pulse Other: _____

Diet: Regular NPO 1 gm low sodium 2 gm low sodium
 Clear liquid Full liquid Low fat, low cholesterol
 Diabetic: _____ kCal ADA Other: _____

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



Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%. May DC if O2 sat more than 93 % on RA.
 Venti Mask _____ % FIO2 100% NRB Other: _____


Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: BMP CMP CBC now and every 3 days while on Heparin
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Guaiac stool x 1 Guaiac stools daily TSH UA ABG
 PT/INR PT/INR daily if on coumadin PTT STAT (prior to starting Heparin)
 Check PTT 6 hours after Heparin bolus and every _____ hour until PTT _____ times control
 Check PTT 6 hours after each Heparin dosage change Other Labs: _____

Studies: CXray: 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:	

 1301 S. Crismon Rd. Mesa, AZ 85209	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

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

- ✓ Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F
- ✓ Docusate sodium (Colace) 100 mg PO qHS
- ✓ MOM 30 ml PO PRN constipation
- ✓ Maalox 30 ml PO PRN heartburn
- ✓ Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- ✓ Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results
- ✓ Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- ✓ Prochlorperazine (Compazine) 5 mg IV every 6 hours PRN nausea/vomiting



Medications: (Check the appropriate box.)


- Dalteparin (Fragmin) 200 units/kg SubQ every 24 hours
- Warfarin (Coumadin) _____ mg PO daily. Start on date: _____
- Lorazepam (Ativan) 0.5mg 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20mg IV PO twice daily
- Pantoprazole (Protonix) 40mg IV PO once daily
- Nicotine 21mg topical patch apply daily
- Heparin drip, 80 units/kg IV bolus, then 18 units/kg per hour infusion

Additional Meds:

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

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:	

 Mountain Vista MEDICAL CENTER	1301 S. Crismon Rd. Mesa, AZ 85209	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:									
	Attending Physician Name:									