

STANDING ADMISSION 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: _____
 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

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

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

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

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 sat greater 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)
 Insulin Infusion Protocol (ICU patients only)

Labs: BMP CMP D-Dimer TSH UA ABG
 Guaiac stool x 1 Guaiac stools daily
 CBC now and every 3 days while on Heparin
 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:		

 2555 Jimmy Johnson Blvd. - Port Arthur - Texas 77640 (409) 724-7389	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box.)

- Enoxaparin (Lovenox) 1 mg/kg subcutaneous every 12 hrs (renal dosing)
- Warfarin (Coumadin) _____ mg PO daily. Start on date: _____
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO PRN every 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
- Vicoden ES 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 8 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 or 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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