



Admission 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

Vital Signs: [] Per unit protocol [] Every shift [] every _____ hours [] Neuro checks 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 [] Continuous overnight monitor
 [] Glucose checks AC and bedtime or every _____ hrs
 [] Other: _____

Diet: [] Regular [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] NPO [] Clear Liquid [] Full Liquid [] 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: _____

Labs: [] Troponin (STAT repeat 90 minutes and 12 hours) [] CPK [] Myoglobin
 [] BMP [] CMP [] BNP [] Urine drug screen [] ESR [] ANA
 [] RPR [] Fasting lipid profile [] B12 [] UA
 [] CBC with differential () Now () In AM () Other _____
 [] CBC without differential () Now () In AM () Other _____
 [] 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: _____



Salt Lake Regional
MEDICAL CENTER

1050 East South Temple - Salt Lake City - Utah 84102
(801) 350-4111

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies: _____								
Attending Physician Name: _____								



Medications: (Check the appropriate box)

- Aspirin 81mg 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
- 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 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose 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 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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