



Admission 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: _____
[] Pulmonary: _____
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 [] Daily PT/PTT [] 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:	

Davis Hospital AND MEDICAL CENTER 1600 West Antelope Drive - Layton, UT 84041 (801) 807-1000	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								



Medications: (Check the appropriate box.)

- Anticoagulation** Patient has been screened for oral contraceptives or HRT
- Enoxaparin (Lovenox) 1 mg/kg subcutaneous every 12 hrs (renal dosing - 1 mg/kg /day if Cr.Cl < 30)
- Warfarin (Coumadin) _____ mg PO x1. Start on date _____.
- Anticoagulant protocol per pharmacy

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 every 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20mg [IV twice daily if NPO, otherwise Famotidine 20 mg PO twice daily
- Pantoprazole (Protonix) 40mg [IV once daily if NPO, otherwise Prilosce 20 mg PO 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:

- 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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