



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
 [] Cardiology: _____
 Consult: [] Neurology: _____
 [] Other: _____
 Allergies: [] _____

Code Status: [] Full [] DNR (see DNR order)

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 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 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 [] Cardiac Enzymes (every 6 hrs x 3)
 [] ESR [] ANA [] RPR [] Fasting lipid profile
 [] CBC with differential () Now () In AM () Other _____
 [] CBC without differential () Now () In AM () Other _____
 [] B12 [] UA [] 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: _____

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)

- 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 if NPO, otherwise 20 mg PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily if NPO, otherwise Prilosec 20 mg PO 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:

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hrs)
- Acetaminophen (Tylenol) 650 mg PO every 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 every HS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

Additional Meds:

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