

**STANDING ADMISSION ORDERS**  
**DEEP VENOUS THROMBOSIS** \_\_\_\_\_ (location)

Admitting Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Admit to Inpatient:  Med/Surg  Telemetry  CCU  
Place in Observation Services:  Med/Surg  Telemetry   
Diagnosis:  Deep Venous Thrombosis  Other: \_\_\_\_\_  
Condition:  Stable  Guarded  Critical  Good  Fair  Poor  
Consult:  Hematology: \_\_\_\_\_  
 Pulmonary: \_\_\_\_\_  
 Other: \_\_\_\_\_  
Allergies:  \_\_\_\_\_

Code Signs:  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  Sequential Compression Device (SCD)  Compression Hose (TED)  
 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  
 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.  
 Ventl 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 (top pf page 2), 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:  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:	

 503 Mcmillan Rd. - West Monroe, LA 71291	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

**Medications: (Check the appropriate box.)**

**Anticoagulation**

- Enoxaparin (Lovenox)  1 mg/kg subcutaneous every 12 hrs (renal dosing if necessary)
- Warfarin (Coumadin) \_\_\_\_\_ mg PO daily. PT/INR daily while on Warfarin.

**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 every 6 hrs as needed for anxiety
  - Famotidine (Pepcid) 20mg PO twice daily or  IV twice daily (unable to tolerate PO)
  - Nicotine \_\_\_\_\_ mg topical patch apply daily
  - 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
- If Ondansetron ineffective, then Prochlorperazine (Compazine) 5 mg IV every 6 hrs PRN

**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 every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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