

STANDING ADMISSION ORDERS SYNCOPE

Admitting Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: Med/Surg Telemetry CCU
Place in Observation Services: Med/Surg Telemetry
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 only

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 Sequential Compression Device (SCD)
 Compression Hose (TED) 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 more than 92%. May DC if O₂ sat greater than 93% on RA.
 Venti Mask _____ % FIO₂ 100% NRB
 Other: _____

Labs: Troponin (STAT, repeat 90 min, and 12 hours) CPK myoglobin
 BMP CMP BNP Urine drug screen Cardiac Enzymes (every 6 hrs x 3)
 ESR ANA RPR
 Fasting lipid profile B12 UA CBC
 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:		

 Glenwood REGIONAL MEDICAL CENTER 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)

- 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 PO twice daily or IV twice daily (unable to tolerate PO)
- 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 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 every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

Additional Meds:

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