

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
[] Guaiac stool x 1 [] Guaiac stools daily [] Daily PT/PTT
[] CBC now and every 3 days while on Heparin
[] 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 Prilosec 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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