



Admission Standard Orders Hypertension/Hypertensive Crisis

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU
 Place in Observation Services: Med/Surg Telemetry Other _____
 Diagnosis: Essential Hypertension Uncontrolled Hypertension Urgency Hypertensive Crisis Other: _____
 Condition: Stable Guarded Critical Good Fair Poor
 Consult: Cardiology: _____ Nephrology: _____

Allergies: Other: _____

Code Status: Full DNR (see DNR orders)

Vital Signs: Per unit protocol
 Every _____ minutes until Blood Pressure less than _____, then every _____ hours every _____ hrs
 Call for SBP greater than _____ SBP less than _____ DBP greater than _____ DBP less than _____
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges

Nursing: Daily weight Intake & Output
 Sequential Compression Device (SCD)
 Foley to drainage
 Pulse oximeter every shift twice a day Continuous monitor
 Glucose checks AC and qHS or every _____ hrs
 Other: _____

Diet: 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%. DC if O2 sat greater than 93% on RA
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be in chart
 Insulin Infusion Protocol (ICU Patients Only)

Labs: Troponin (STAT repeat 90 minutes and 12 hours)
 BMP CMP BNP CPK Myoglobin Fasting lipid profile
 TSH Free T4 UA CBC
 Plasma Renin Activity Plasma Catecholamines
 24 hr Urine for Metanephrines
 Urine Drug Screen
 Other Labs: _____

Studies: CXR: Portable PA/Lateral
 EKG
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr. _____ to read
 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)

- Nitroprusside sodium (Nipride 0.5 - 10 micrograms/kg/min) _____ microgram/kg per minute IV. Max. dose _____ micrograms/kg/min.
Titrate to blood pressure. Systolic _____, Diastolic _____
- Nitroglycerin (5-100 micrograms/min) _____ microgram IV bolus, then _____ micrograms/min. Max dose _____ micrograms/kg/min.
Titrate to blood pressure: Systolic _____, Diastolic _____
- Labetalol (Trandate, Normodyne) 20 mg IV bolus then:
 - Start: 40 mg boluses IV 60 mg boluses IV 80 mg boluses IV every 10 minutes (max total of 300 mg) OR:
 - Continuous IV infusion of 2 mg per minute
 Titrate to blood pressure: Systolic _____, Diastolic _____
- Enalapril (Vasotec) IV: 1.25 mg every 6 hrs 2.5 mg IV every 6 hrs 5mg IV every 6 hrs
- Clonidine (Catapres) Initial: 0.1 mg PO 0.2 mg PO followed by 0.1 mg per hour. PRN titrated to goal BP. Max dose 2 mg per 24 hrs.
Titrate to blood pressure: Systolic _____, Diastolic _____
- Hydrochlorothiazide (HCTZ, HydroDiuril) 12.5 mg PO daily 25 mg PO daily
- Maxide (HCTZ 50/triamterene 75 mg) 1 tab PO daily
- Lisinopril (Zestril, Prinivil) 2.5 PO daily 5 mg PO daily 10 mg PO daily 20 mg PO daily 40 mg PO daily
- Atenolol (Tenormin) Initial dose 50 mg PO, then: 25 mg PO daily 50 mg PO daily 100 mg PO daily
- Valsartan (Diovan): 80 mg PO daily 160 mg PO Daily
- Diltiazem CD (Cardizen CD) 120 mg PO daily 180 mg PO daily 240 mg PO daily
- Amlodipine (Norvasc) 2.5 mg PO daily 5 mg PO daily 10 mg PO daily
- Lorazepam (Ativan) 0.5 mg PO daily every 6 hrs 1 mg PO PRN every 6hrs as needed for anxiety
- Famotidine (Pepcid) 20 mg 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
- Vicoden one 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:

- 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 more 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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