County of Los Angeles | Department of Health Services

Medicine Admission Orders (Ward/Stepdown)

Admit to:	**Unit/Ward:**	☐ **Telemetry**
MD/NP/PA:	**Pager No.: ( )**	**Change of Service/Team as of:**
MD/NP/PA:	**Pager No.: ( )**	_____/_____/_____**Time:**_____
Sr. Resident:	**Pager No.: ( )**	
Attending MD:	**Pager No.: ( )**	**To:** _____
Diagnosis:		**Condition:** ☐ Good ☐ Fair ☐ Serious ☐ Critical

Allergies: ☐ NKDA ☐ Allergies/specify reactions:

Assessment:
- ☑ Vital signs: ☐ Per unit protocol ☐ Q_____hrs
- ☐ O2 saturation: ☐ Per unit protocol ☐ Q_____hrs
- ☐ Isolation:
- ☐ Precautions: ☐ Fall ☐ Seizure ☐ Aspiration
- ☐ Record strict input and output Qshift
- ☐ Daily weight
- ☐ Obtain old chart
- ☐ Other:

Physician Notification: *Notify provider for any of the following*
- ☑ Systolic BP less than_____ or greater than_____mmHg
- ☑ Diastolic BP less than_____ or greater than_____ mmHg
- ☑ Temp. greater than _____
- ☑ Severe pain not relieved by medication (pain 6 or greater on a scale of 0-10)
- ☑ Pulse less than_____ or greater than_____
- ☑ Resp. rate less than_____ or greater than_____
- ☐ O2 saturation less than _____%
- ☐ Other:
- ☐ Other:

Activity:
- ☐ As tolerated
- ☐ Out of bed to chair TID
- ☐ Ambulate with assistance
- ☐ Bed rest with bathroom privileges
- ☐ Strict bed rest
- ☐ Other:

Diet:
- ☐ Regular
- ☐ Strict NPO
- ☐ NPO; Ice chips
- ☐ NPO; PO meds allowed
- ☐ Liquid: ☐ Clear ☐ Full
- ☐ Pureed
- ☐ Mechanical soft
- ☐ 2 gm sodium
- ☐ Consistent Carbohydrate (ADA)
- ☐ Heart Healthy (low fat, low cholesterol)
- ☐ Renal (60 gm protein, 2 gm Na, 2.5 gm K)
- ☐ Other:

Consults:
- ☐ Social services for:
- ☐ Physical therapy for:
- ☐ Other:
- ☐ Other:

Treatment:
- ☐ Insert saline lock, flush per unit protocol
- ☐ IV _____ at _____ mL per hr
- ☐ Other:
- ☐ O2 via nasal cannula at _____ L per min
- ☐ Other:
- ☐ Other:

Labs/Tests:
- ☐ Next phlebotomy
- ☐ Stat
- ☐ CBC ☐ Ca ☐ Mg ☐ Phos
- ☐ Na, K, Cl, CO2, BUN, Cr, Glu ☐ PT/INR ☐ PTT
- ☐ AST, ALT, alk phos, bili-T, bili-D ☐ Albumin
- ☐ Urinalysis ☐ EKG
- ☐ Other:
- ☐ Other:
- ☐ Other:
- ☐ Other:

Labs/Tests: *(Next AM)*
- ☐ CBC with differential ☐ Ca ☐ Mg ☐ Phos
- ☐ Na, K, Cl, CO2, BUN, Cr, Glu
- ☐ Other:
- ☐ Other:

DVT Prophylaxis: (Ambulate all patients as early as possible). See DVT Risk Assessment and Prophylaxis Tool for dosing information for obese or small/frail/elderly patients. If pregnant or age less than 17 years, use enoxaparin.
- ☐ DVT prophylaxis not indicated due to:_____
- ☐ Risk assessment completed: pharmacologic prophylaxis risk outweighs benefit
- ☐ Heparin 5,000 units subcutaneous Q8 hrs
- ☐ Dalteparin [FRAGMIN] 5,000 units subcutaneous Q24 hrs
- ☐ Sequential compression device
- ☐ Other:

Provider Last Name (Print):			
Provider Signature:		ID#:	
Date: / /	Time: :	AM / PM	
RN Last Name (Print):			
RN Signature:		Initials:	
Date: / /	Time: :	AM / PM	
Clerk/LVN Signature:		Initials:	
Date: / /	Time: :	AM / PM	

T-HS1067-A

DVT Risk Assessment and Prophylaxis Tool

Contraindications to Anticoagulation (use sequential compression device (SCD) alone if anticoagulation is contraindicated)	**Risk Factors** 1 point each, unless otherwise noted Quantify risk score and see "DVT Prophylaxis" below
Absolute (if any of these are positive, stop here) ☐ Active hemorrhage ☐ Severe trauma with hemorrhage (within 4 weeks) **Relative:** ☐ Active intracranial lesion/neoplasm ☐ Biopsy sites inaccessible to hemostatic control ☐ GI or GU bleed within past 4 weeks ☐ Previous cerebral hemorrhage ☐ Proliferative retinopathy ☐ Recent intraocular or intracranial surgery ☐ Thrombocytopenia or other coagulopathy ☐ Traumatic or repeated epidural or spinal puncture within 6 hours	**Stasis** ☐ Acute COPD exacerbation ☐ Acute MI ☐ Age 40 years or greater ☐ Anticipated immobilization/bed confinement greater than 24 hours ☐ CHF (class III or IV) **(3 points)** ☐ Hemi-, para-, or quadraparesis **(3 points)** ☐ Hospital or nursing facility stay within 90 days **(3 points)** ☐ Mechanical ventilation **(3 points)** ☐ Obesity (BMI 30 kg/m^2 or greater) ☐ Pneumonia ☐ Pre-admission/pre-injury/pre-operative leg swelling/ulcers/varicose veins ☐ Recent confining travel (air or ground) greater than 4 hrs **Hypercoagulability** ☐ Documented history of DVT or PE **(3 points)** ☐ Estrogenic hormone use (estrogen, tamoxifen, etc.) ☐ Family history of DVT or PE ☐ Hypercoagulable states (lupus anticoagulant, etc.) **(3 points)** ☐ Indwelling central venous catheter ☐ Inflammatory bowel disease ☐ Myeloproliferative disorder (non-hemorrhagic) ☐ Nephrotic syndrome ☐ Pregnant, or postpartum less than 1 month ☐ Severe systemic infection or sepsis ☐ Systemic vasculitis ☐ Visceral malignancy
Relative Contraindications to SCD ☐ Acute superficial or deep vein thrombosis ☐ CHF (class III or IV) ☐ Severe peripheral arterial disease	

DVT Prophylaxis Early ambulation for all patients			
Low Risk **1 point or less**	**Moderate Risk** **2 points**	**High Risk** **3 points**	**Very High Risk** **4 points or greater**
Early ambulation	Heparin or Sequential compression device	Heparin (preferred) or Dalteparin	Sequential compression device and either heparin (preferred) or dalteparin

Dosing If history of heparin-induced thrombocytopenia (HIT), use fondaparinux If pregnant or age less than 17 years, use enoxaparin		
Medication	**Usual Dose**	**Comments**
Heparin	5,000 units subcutaneous Q8 hrs	Consider lower dose for small/frail/elderly patient Renal insufficiency: no adjustment
Dalteparin	5,000 units subcutaneous Q24 hrs	Weight 99 kg or greater or BMI greater than 40 kg/m^2: consider 7,500 units subcutaneous Q24 hrs

DVT Risk Assessment and Prophylaxis Tool

Medicine Admission Orders (Medication Reconciliation)

Medication Reconciliation: List all patient's home medications (include samples, OTC, vitamins, herbals, and others); Select Continue or Discontinue for this admission. **Do not duplicate orders written here in the next medication order sections**. (Prohibited abbreviations: qd, qod, U, IU, lack of leading zero .X, trailing zero X.0, MS, MSO4, MgSO4)

Information source: ______________________ ☐ Patient not currently taking medication ☐ Medication history not available

Weight: _______kg ________ lbs ☐ Measured ☐ Stated Height: _______ cm ______ ft ___ in ☐ Pregnant ☐ Breastfeeding

FOR THIS ADMISSION	CURRENT HOME MEDICATIONS	DOSE	ROUTE	FREQ
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			
☐ Continue ☐ Discontinue	Instructions/indications			

Provider Signature: ______________________ ID#: ____________

Date: ______________________ Time: ____________ AM / PM

RN Signature: ______________________ Initials: ____________

Date: ______________________ Time: ____________ AM / PM

Clerk/LVN Signature: ______________________ Initials: ____________

Date: ______________________ Time: ____________ AM / PM

T-HS1067-A

Medicine Admission Orders (Ward/Stepdown)

Comfort Meds: (Do not exceed 4 gms acetaminophen per 24 hrs)

- ☐ Docusate [COLACE] 100 mg PO BID (hold for diarrhea)
- ☐ Milk of magnesia 30 mL PO BID PRN constipation
- ☐ Aluminum hydroxide/magnesium hydroxide/simethicone [MYLANTA] 30 mL PO Q4 hrs PRN dyspepsia
- ☐ Diphenhydramine [BENADRYL] 25 mg PO Nightly PRN insomnia
- ☐ Temazepam [RESTORIL] 15 mg PO Nightly PRN insomnia
- ☐ Acetaminophen 650 mg PO Q4 hrs PRN. Specify PRN indication(s) below
  - ☐ Mild pain ☐ Temp. greater than 38°C (100.4°F)

Insulin: **Fingerstick glucose level**: ☐ Before each mealtime and at bedtime ☐ Other:_____

Maintenance insulin:

Give subcutaneous NPH/Regular insulin **30 minutes before meals** (or bolus tube feed).
Give subcutaneous rapid acting (Lispro) insulin **with meals** (or bolus tube feed).
If patient NPO: ☐ Hold Regular/rapid acting insulin. Give ½ maintenance NPH insulin dose ☐ Other:

	Breakfast	Lunch	Dinner	Bedtime
NPH	_____units		____units	_____units
Regular	_____units	_____units	____units	
Other:				
Other:				

Supplemental: *(Correction dose)*

(1) **With each fingerstick glucose level before meals**, give additional subcutaneous Regular insulin per glucose level below, unless patient is NPO. (2) **At bedtime**, if glucose is 250 or less, give NO supplemental insulin. If glucose 251 or greater at bedtime, give ½ the supplemental dose selected. (3) If more than 8 units of supplemental insulin required in 24 hrs., call provider to re-assess and adjust maintenance insulin dose.

Less than 70 mg per dL: Hold maintenance Regular or rapid acting insulin for this one dose; continue other insulin. If alert and able to tolerate PO fluids, give 120 mL juice PO now; otherwise give 25 mL D50 slow IVP now. Repeat fingerstick glucose level in 20 min. Call provider to re-assess and adjust insulin dose.

70-150 mg per dL: No supplemental dose required.

☐ **Lower dose:**
151-200: 2 units (None if at bedtime)
201-250: 4 units (None if at bedtime)
251-300: 6 units (3 units if at bedtime)
301-350: 8 units (4 units if at bedtime)
Greater than 350: 10 units (5 units if at bedtime), call MD

☐ **Higher dose:**
151-200: 4 units (None if at bedtime)
201-250: 6 units (None if at bedtime)
251-300: 8 units (4 units if at bedtime)
301-350: 10 units (5 units if at bedtime)
Greater than 350: 12 units (6 units if at bedtime), call MD

☐ **Other:**
151-200: ___ units (None if at bedtime)
201-250: ___ units (None if at bedtime)
251-300: ___ units (___units if at bedtime)
301-350: ___ units (___units if at bedtime)
Greater than 350: ____ units (____units if at bedtime), call MD

Additional Meds/Orders:	**DOSE**	**ROUTE**	**FREQ**

Provider Signature: _____ ID#: _____

Date: _____ Time: _____ AM / PM

RN Signature: _____ Initials: _____

Date: _____ Time: _____ AM / PM

Clerk/LVN Signature: _____ Initials: _____

Date: _____ Time: _____ AM / PM

T-HS1067-A