

PHYSICIAN'S DIRECTIONS

Medication orders will be filled according to the formulary unless specific company is indicated.

Tentative Diagnosis: _____

Allergies: _____

DATE OF ORDER	TIME OF ORDER	STANDARD ADMISSION or OBSERVATION ORDERS Use Ball Point Pen Only	Time Noted	NURSES SIGNATURE
		Place on / Admit to service of Dr. _____		
		<input type="checkbox"/> Place on observation status <input type="checkbox"/> ICU <input type="checkbox"/> Acute Med./Surg. Bed		
		<input type="checkbox"/> Admit to inpatient status <input type="checkbox"/> ICU <input type="checkbox"/> Acute Med./Surg. Bed		
		<input type="checkbox"/> Telemetry Bed for 48 hrs.; call doctor to confirm release from telemetry.		
		<input type="checkbox"/> May go to tests off telemetry if stable, free of pain and arrhythmias		
		<input type="checkbox"/> Notify Dr. _____ if he/she has not seen patient by 12 noon.		
		<input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Other _____		
		Vital signs Q <input type="checkbox"/> Daily weights <input type="checkbox"/> Neuro checks Q		
		<input type="checkbox"/> BP parameter - call practitioner for systolic BP greater than _____, less than _____, or if unspecified, systolic BP greater than 175 mmHG or less than 85 mmHG.		
		<input type="checkbox"/> Serum Hcg now (unknown pregnancy status)- call with results Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Oxygen therapy protocol: _____ <input type="checkbox"/> Aerosolized medications protocol: _____		
		<input type="checkbox"/> Ambulate _____ times/day with assistance as needed <input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Bedrest with commode privileges		
		<input type="checkbox"/> Saline Lock <input type="checkbox"/> IV _____ at _____ ml/hour		
		Diet: <input type="checkbox"/> regular <input type="checkbox"/> low fat <input type="checkbox"/> 2 gram Na <input type="checkbox"/> clear fluids <input type="checkbox"/> NPO <input type="checkbox"/> ISO <input type="checkbox"/> diabetic # cal _____ <input type="checkbox"/> full liquid <input type="checkbox"/> other _____		
		<input type="checkbox"/> Insulin per sliding scale protocol with a frequency of before meals and at bedtime.		
		DVT Risk Assessment*: <input type="checkbox"/> Low - minor surgery, mobile medical patients <input type="checkbox"/> Moderate - most general surgery, medical patient on bedrest <input type="checkbox"/> High - Orthopedic surgery, major trauma *SEE REVERSE SIDE FOR ASSISTANCE IN RISK STRATIFICATION		
		DVT prophylaxis based upon risk: <input type="checkbox"/> Baseline PT <input type="checkbox"/> INR prior to administration of medication <input type="checkbox"/> Elastic stockings (low risk) <input type="checkbox"/> Intermittent pneumatic compression (low risk) <input type="checkbox"/> Heparin 5000 units subcutaneously Q12 hours, Hct. and plt. count every Mon. & Thurs. (moderate/high risk) <input type="checkbox"/> Continue heparin for entire duration of hospital stay <input type="checkbox"/> Heparin 5000 units subcutaneously Q8 hours, Hct. and plt. count every Mon. & Thurs. (moderate/high risk) <input type="checkbox"/> Continue heparin for entire duration of hospital stay <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Patient has contraindication to anticoagulation. _____		
		<input type="checkbox"/> Nicotine Patch <input type="checkbox"/> 7 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 21 mg once daily <input type="checkbox"/> Tobacco cessation counseling, if appropriate		
		<input type="checkbox"/> Mylanta II 1 Tbsp. PO QID PRN heartburn or dyspepsia		
		<input type="checkbox"/> Bisacodyl (Dulcolax) suppository one per rectum daily PRN constipation		
		<input type="checkbox"/> M.O.M. 2 Tbsp. PO daily PRN constipation <input type="checkbox"/> Docusate (Colace) 100 mg PO BID PRN constipation		
		<input type="checkbox"/> Guaifenesin (Robitussin) 2 Tsp. PO Q4H PRN cough		
		<input type="checkbox"/> Acetaminophen 650 mg. PO or per rectum Q4H PRN headache, pain, fever (T above 101 °F oral)		
		<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV Q6H PRN nausea/vomiting		
		<input type="checkbox"/> Sedation: _____		
		<input type="checkbox"/> Seasonal Influenza vaccine per nursing policy <input type="checkbox"/> allergy contraindication <input type="checkbox"/> previously given _____		
		<input type="checkbox"/> Pneumococcal vaccine per nursing policy <input type="checkbox"/> allergy contraindication <input type="checkbox"/> previously given _____		
		<input type="checkbox"/> Urinalysis on admission with reflex culture if indicated.		
		<input type="checkbox"/> Insert Foley Catheter <input type="checkbox"/> Remove Foley Catheter in 48 hours.		
		<input type="checkbox"/> Post void residual in 2 hours		
		<input type="checkbox"/> Position patient q2h. Special instructions: _____		
		<input type="checkbox"/> HIV screen, after patient consent (NYS law requires patients age 13-64 yrs. to be offered HIV testing)		

Adult Venous Thromboembolism (VTE) Prophylaxis Risk Assessment

**Risk Category by Scores: less than or equal to 2 Low risk
3 - 4 Moderate Risk
greater than or equal to 5 High Risk**

- Low risk: Pharmacological prophylaxis is not routinely indicated.
- Moderate risk: Pharmacological prophylaxis is selectively indicated based upon clinical judgement.
- High risk: Pharmacological prophylaxis is routinely recommended.

<i>Risk Factors</i>	<i>Score</i>
Age: 40-60	1
greater than 60	2
Obesity: BMI greater than or equal to 30	1
Surgery:	
Minor (less than 45 minutes)	1
Major (greater than 45 minutes)	2
Add if abdominal, pelvic, or lower extremity	1
Trauma:	
Complete Spinal Cord Injury (SCI)	3
Single injury, non-orthopedic	1
Multiple injuries, non-orthopedic	2
Pelvic fracture or Lower extremity long bone fracture	3
Hypercoagulable state	4

<i>Risk Factors</i>	<i>Score</i>
Stroke/Paralysis	1
Recent MI/Heart Failure	1
Previous VTE	4
Hormone Replacement Therapy	1
Hormonal Contraceptives	1
Inflammatory Bowel Disease	1
Bed Rest greater than 2 days	1
Central venous catheter	1
Active Cancer (visceral including breast)	3
Pregnancy/puerperium	1
Varicose Veins	1
Nephrotic Syndrome	1
Tobacco User	1
Total Score	

Exclusion Criteria for Pharmacological Anticoagulation:

- Active bleeding
- Heparin-induced thrombocytopenia
- Thrombocytopenia (platelets less than 100,000)
- Inherited or idiopathic coagulopathy
- Hypersensitivity to heparin/enoxaparin/warfarin
- Cerebral hemorrhage
- Intra-ocular or intra-cranial surgery within the past 2 weeks
- Intra-cranial lesions/neoplasms
- Spinal tap/epidural infusion performed within the past 8 hours, or expected to be performed within the next 12 hours. **(Applies to enoxaparin only)**
- Uncontrolled hypertension (blood pressure greater than 160/100)
- TPA (*Exception: interventional radiology procedures where low dose Heparin is used simultaneously with TPA*).
- Epidural catheter in place
- Other _____

Mechanical prophylaxis and early ambulation are recommended for all risk levels.