

HOSPITAL REGULATION: The signature of physician must accompany all orders.
 NKA: NO KNOWN ALLERGIES
ALLERGIES:
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Activity

- Activity as tolerated Bed rest Bed rest with bathroom privileges Elevate HOB 30 degrees, Every shift
- Out of bed to chair, 3 times daily Ambulate patient twice daily HOB down(Trendelenburg),Every shift

Nursing: Vital Signs

- Vital signs, Frequency: every 4 hours _____
- Pulse oximetry, Frequency: with vitals continuous _____
- Orthostatic blood pressure, Frequency: Once _____

Telemetry

- Cardiac Monitoring By Indication (**SELECT ONE**)
 - Acute arrhythmia management ONGOING
 - Acute CHF for 72 hours
 - Acute CVA / neurological event for 48 hours
 - Acute pericarditis for 48 hours
 - Acute respiratory failure for 48 hours
 - Cardiology service patient ONGOING
 - Chest pain / cardiac ischemia ONGOING
 - Chronic CHF / Chronic A fib / PVC for 24 hours
 - CT surgery service patient ONGOING
 - Drug overdose / alcohol withdrawal for 72 hours
 - Patients on continuous pulse oximetry ONGOING
 - Pulmonary embolism for 48 hours
 - Severe electrolyte abnormalities for 48 hours
 - Syncope for 48 hours
 - Sepsis for 48 hours
 - Other _____

Notify Physician

- Notify physician (Specified parameters)
 - For patients in CCU/ICU beds: Notify the provider of any two glucose values in a row that are greater than 180 mg/dL
 - For patients in Non-critical care beds: Notify provider if any glucose value exceeds 250 mg/dL and there have been no changes to the insulin regimen in the past 24 hours
 - Temperature greater than 101F
 - Systolic blood pressure greater than 180 mmHg or less than 90 mmHg
 - Diastolic blood pressure greater than 110 mmHg
 - Heart rate greater than 120 bpm or less than 50 bpm
 - Respiratory rate greater than 30 or less than 10
 - SpO2 less than 88
 - Urine output less than 60 mL in 2 hours
 - POC less than 60
- Notify Physician For: _____

Nursing Assessments

- Measure height, Once Daily weights Strict intake and output, Every shift
- Neuro checks, Every 4 hours Neurovascular checks, Every 4 hours

Nursing Interventions

- Insert and Maintain IV (Insert peripheral IV, STAT, Once AND Maintain IV Access AND Saline Lock IV, Once)
- Wound Care, Once Specific Wound Care Instructions: _____
- Positioning Instruction _____
- Oral Care, Once Foley to gravity drainage Foley catheter care,Every shift
- NG tube to low intermittent wall suction Check drainage, Every shift Check tube site, Every shift
- Suction PRN, Every shift Routine tracheostomy care

Respiratory

- Incentive spirometry nursing, Every 1 hour while awake
- Oxygen Therapy – Nasal Cannula, Keep O2 Sat Above: _____ %, Rate: _____, FiO2: _____
- BiPAP, Once CPAP, Once – Use home CPAP if available
- Chest physiotherapy, Every 6 hours

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

NGMC PHYSICIAN ORDER # 30410001 (9/25/2017)


Northeast Georgia Medical Center

GENERAL ADULT ADMISSION
PAGE 2 OF 9



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Indications: copious sputum production lobar or > atelectasis atelectasis nonresponsive to treatment
foreign body aspiration atelectasis prophylaxis

Precautions

- | | | |
|--|--|---|
| <input type="checkbox"/> Fall precautions | <input type="checkbox"/> Neutropenic precautions | <input type="checkbox"/> Seizure precautions |
| <input type="checkbox"/> Suicide precautions | <input type="checkbox"/> Sitter at bedside | <input type="checkbox"/> Weight bearing precautions |
| <input type="checkbox"/> Reflux precautions | <input type="checkbox"/> Swallowing precautions, Limitations: Aspiration precautions | |

****REQUIRED** DVT/VTE Pharmacologic Prophylaxis (SELECT ONE)**

- enoxaparin (LOVENOX) injection; 40 mg, subcutaneous, Every 24 hours scheduled
Give deep subcutaneous and must alternate sites on abdominal wall
- If CrCl less than 30, enoxaparin (LOVENOX) injection; 30 mg, subcutaneous, Every 24 hours scheduled
Give deep subcutaneous and must alternate sites on abdominal wall
- If CrCl less than 30, heparin (porcine) injection; 5000 units, subcutaneous, Every 8 hours scheduled
- No VTE Prophylaxis: Reason _____

****REQUIRED** DVT/VTE Mechanical Prophylaxis**

- Place sequential compression device Apply foot pumps
- Place TED hose, Type: knee high TED hose thigh high TED dose, Site: bilateral left right
- No Mechanical VTE Prophylaxis: Reason _____

IV Fluid Boluses

- NS, intravenous, Administer over 1 hour, Once **Dose:** 250mL 500mL 1000mL _____mL

IV Fluid Infusions

- NS, intravenous, continuous **Dose:** _____ mL/hr
- D5W, intravenous, continuous **Dose:** _____ mL/hr
- D5 1/2 NS, intravenous, continuous **Dose:** _____ mL/hr
- D5 NS, intravenous, continuous **Dose:** _____ mL/hr
- Lactated Ringers, intravenous, continuous **Dose:** _____ mL/hr
- 1/2 NS, intravenous, continuous **Dose:** _____ mL/hr
- D5 NS + KCL 20mEq, intravenous, continuous **Dose:** _____ mL/hr
- D5 1/2 NS + KCL 20 mEq, intravenous, continuous **Dose:** _____ mL/hr
- D5W + KCL 20 mEq, intravenous, continuous **Dose:** _____ mL/hr
- NS + KCL 20 mEq, intravenous, continuous **Dose:** _____ mL/hr
- 1/2 NS + KCL 20 mEq, intravenous, continuous **Dose:** _____ mL/hr
- _____, intravenous, continuous **Dose:** _____ mL/hr

Medications: Antipyretics

- Acetaminophen (TYLENOL) tablet; 650 mg, oral, Every 4 hours PRN, mild pain (pain scale 1-3), fever
May affect liver function if max daily dose exceeded
- Acetaminophen (TYLENOL) suppository; 650 mg, rectal, Every 4 hours PRN, mild pain (pain scale 1-3), fever
Max Daily Dose 4000 mg/24 hours. May affect liver function if max dose exceeded

Medications: Analgesics – Mild Pain (CHOOSE ONE)

- NSAIDs should be used with caution in patients:
with renal impairment ; undergoing anticoagulation therapy ; with cardiovascular risk factors or disease ; with CHF*
- Ibuprofen (ADVIL, MOTRIN) tablet; 600 mg, oral, Every 6 hours PRN, mild pain (pain scale (1-3).
Administer with food. Check creatinine and for bleeding
 - Naproxen (NAPROSYN) tablet; 500 mg, oral, Every 12 hours PRN, mild pain (pain scale (1-3)
Check creatinine and for bleeding. Give with food

Date:	Time:	Doctor's Signature:	Dictation ID #
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NGMC PHYSICIAN ORDER # 304100001 (9/25/2017)



**GENERAL ADULT ADMISSION
PAGE 3 OF 9**



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Medications: Analgesics – Moderate Pain

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet; 1 tablet, oral, Every 4 hours PRN, moderate pain (pain scale 4-6), Monitor respiratory rate
- HYDROcodone-acetaminophen (NORCO 10) 10-325 mg per tablet; 1 tablet, oral, Every 6 hours PRN, moderate pain (pain scale 4-6), Monitor respiratory rate
- acetaminophen-codeine (TYLENOL #3) tablet 300-30 mg; 1 tablet, oral, Every 4 hours PRN, moderate pain (pain scale 4-6). Monitor respiratory rate. May affect liver function if max dose exceeded
- traMADol (ULTRAM) tablet; 50 mg, oral, Every 6 hours PRN, moderate pain (pain scale 4-6), max dose 400mg/day
- ketorolac (TORADOL) injection; 15 mg, intravenous, Every 6 hours PRN, moderate pain (pain scale 4-6), for 5 days
- ketorolac (TORADOL) injection; 30 mg, intravenous, Every 6 hours PRN, moderate pain (pain scale 4-6), for 5 days

Medications: Analgesics – Severe Pain

- oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet; 1 tablet, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate
- oxyCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet; 1 tablet, oral, Every 6 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate
- morphine injection; 2 mg, intravenous, Every 4 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate
- HYDROmorphine (DILAUDID) injection; 0.25-0.5 mg, intravenous, Every 6 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate

Medications: Respiratory/Nebulizer

- Albuterol + Ipratropium SCHEDULED
 - Albuterol (PROVENTIL) 2.5 mg/0.5 mL nebulizer solution; 2.5 mg, nebulization, 4 times daily, For wheezing or SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily, For wheezing or SOB
- Albuterol + Ipratropium AS NEEDED
 - Albuterol (PROVENTIL) 2.5 mg/0.5 mL nebulizer solution; 2.5 mg, nebulization, 4 times daily PRN, wheezing, SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily PRN, wheezing, SOB
- Levalbuterol 0.63 mg + Ipratropium SCHEDULED
 - Levalbuterol (XOPENEX) 0.63 mg/3 mL nebulizer solution; 0.63 mg, nebulization, 4 times daily, For wheezing or SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily, For wheezing or SOB
- Levalbuterol 0.63 mg + Ipratropium AS NEEDED
 - Levalbuterol (XOPENEX) 0.63 mg/3 mL nebulizer solution; 0.63 mg, nebulization, 4 times daily PRN, wheezing, SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily PRN, wheezing, SOB
- Levalbuterol 1.25 mg + Ipratropium SCHEDULED
 - Levalbuterol (XOPENEX) 1.25 mg/3 mL nebulizer solution; 1.25 mg, nebulization, 4 times daily, For wheezing or SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily, For wheezing or SOB
- Levalbuterol 1.25 mg + Ipratropium AS NEEDED
 - Levalbuterol (XOPENEX) 1.25 mg/3 mL nebulizer solution; 1.25 mg, nebulization, 4 times daily PRN, wheezing, SOB
 - Ipratropium (ATROVENT) 0.02% nebulizer solution; 0.5 mg, nebulization, 4 times daily PRN, wheezing, SOB

Medications: Antihypertensives

- Labetalol (NORMODYNE, TRANDATE) injection; 10 mg, intravenous, Every 4 hours PRN, high blood pressure, Give for blood pressure greater than 180/100
- hyDRALazine (APRESOLINE) injection; 10 mg, intravenous, Every 4 hours PRN, high blood pressure, Give for blood pressure greater than 180/100
- enalaprilat (VASOTEC) injection; 1.25 mg, intravenous, Every 6 hours PRN, high blood pressure, Give for blood pressure greater than 180/100. ACE Inhibitor

Medications: Anxiety/Agitation

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NGMC PHYSICIAN ORDER # 304100001 (9/25/2017)



**GENERAL ADULT ADMISSION
PAGE 4 OF 9**



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- LORazepam (ATIVAN) injection; 1 mg, intravenous, Every 6 hours PRN, anxiety. Hold dose for excessive sedation. RN only medication
- LORazepam (ATIVAN) tablet; 1 mg, oral, Every 6 hours PRN, anxiety. Hold dose for excessive sedation
- ALPRAZolam (XANAX) tablet; 0.5 mg, oral, Every 6 hours PRN, anxiety. Hold dose for excessive sedation
- haloperidol (HALDOL) tablet; 2 mg, oral, Every 6 hours PRN, agitation
- haloperidol lactate (HALDOL) injection; 2 mg, intravenous, Every 6 hours PRN, agitation
- ziprasidone (GEODON) injection; 10 mg, intramuscular, Every 6 hours PRN, agitation, Maximum dose is 40 mg daily. Dispense sterile water injection vial for dilution by nurse
- ziprasidone (GEODON) capsule; 20 mg, oral, 2 times daily PRN, agitation. May cause prolongation of QT interval. Take with food

Medications: Sleep Aids

- zolpidem (AMBIEN) tablet; 5 mg, oral, Nightly PRN, sleep
- temazepam (RESTORIL) capsule; 7.5 mg, oral, Nightly PRN, sleep. Hold dose for excessive sedation
- traZODone (DESYREL) tablet; 25 mg, oral, Nightly PRN, sleep
- mirtazapin (REMERON) tablet; 7.5 mg, oral, Nightly PRN, sleep
- ramelteon (ROZEREM) tablet; 8 mg, oral, Nightly PRN, sleep. Use only for patients with contraindications or intolerance to other agents

Medications: Bowel Management

- magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL suspension; 30 mL, oral, 2 times daily PRN, constipation
Shake well
- docusate sodium (COLACE) capsule; 100 mg, oral, 2 times daily PRN, constipation
- polyethylene glycol (GLYCOLAX) packet; 17 g, oral, Daily PRN, constipation
Mix into 4-8 oz. of any hot/cold/room temp. beverage; use immediately
- bisacodyl (DULCOLAX) suppository; 10 mg, rectal, Daily PRN, constipation
- senna (SENOKOT) tablet; 1 tablet, oral, 2 times daily PRN, constipation
- lactulose (CHRONULAC) 10 gram/15 mL solution; 20 g, oral, 2 times daily PRN, constipation

Medications: Antiemetic

- ondansetron (ZOFRAN) injection; 4 mg, intravenous, Every 6 hours PRN, nausea, vomiting
- ondansetron (ZOFRAN) tablet; 4 mg, oral, Every 6 hours PRN, nausea, vomiting
- promethazine (PHENERGAN) 6.25 mg in sodium chloride injection; 6.25 mg, intravenous, Every 6 hours PRN, nausea, vomiting
- promethazine (PHENERGAN) tablet; 6.25 mg, oral, Every 6 hours PRN, nausea, vomiting
- metoclopramide (REGLAN) injection; 5 mg, intravenous, Every 6 hours PRN, nausea, vomiting
If given IV, administer IV Push over 2 to 3 minutes
- metoclopramide (REGLAN) tablet; 5 mg, oral, Every 6 hours PRN, nausea, vomiting
- Promethazine (PHENERGAN) IV OR IM OR Oral OR Rectal
 - promethazine (PHENERGAN) 6.25 mg in sodium chloride injection; 6.25 mg, intravenous, Every 6 hours PRN, nausea, vomiting
 - OR-
 - promethazine (PHENERGAN) 25 mg/mL injection; 6.25 mg, intramuscular, Every 6 hours PRN, nausea, vomiting
 - OR-
 - promethazine (PHENERGAN) tablet; 6.25 mg, oral, Every 6 hours PRN, nausea, vomiting
 - OR-
 - promethazine (PHENERGAN) suppository; 6.25 mg, rectal, Every 6 hours PRN, nausea, vomiting. Keep refrigerated
- Metoclopramide (REGLAN) IV OR Oral

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- metoclopramide (REGLAN) injection; 5 mg, intravenous, Every 6 hours PRN, nausea, vomiting
If given IV, administer IV Push over 2 to 3 minutes

-OR-

- metoclopramide (REGLAN) tablet; 5 mg, oral, Every 6 hours PRN, nausea, vomiting

Medications: Antacids

- Famotidine (PEPCID) Oral OR IV
 - Famotidine (PEPCID) tablet; 20 mg, oral, Every 12 hours scheduled, PPI/H2 Antagonist Indication: GI Prophylaxis
Give IV when not tolerating oral intake or NPO diet
 - **-OR-**
 - Famotidine (PEPCID) injection; 20 mg, intravenous, Every 12 hours scheduled, PPI/H2 Antagonist Indication: GI Prophylaxis. Give orally when tolerating oral intake. Dilute with 5-10 mL of NS and administer IV push over 2 minutes
- Fomotidine (PEPCID) injection; 20 mg, intravenous, 2 times daily. PPI/H2 Antagonist Indication: GI Prophylaxis. Dilute with 5-10 mL of NS and administer IV push over 2 minutes
- Famotidine (PEPCID) tablet; 20 mg, oral, 2 times daily. PPI/H2 Antagonist Indication: GI Prophylaxis
- Pantoprazole (PROTONIX) EC tablet; 40 mg, oral, Every morning before breakfast. PPI/H2 Antagonist Indication: GI Prophylaxis. Do Not crush
- Pantoprazole (PROTONIX) injection; 40 mg, intravenous, Every 24 hours scheduled. PPI/H2 Antagonist Indication: GI Prophylaxis. Dilute vial with 10 mL NS for IV administration. Use dedicated line or flush with NS before and after administration
- Alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension; 30 mL, oral, 4 times daily PRN, heartburn
Shake well

Medications: Cough

- benzonatate (TESSALON) capsule; 100 mg, oral, 3 times daily PRN, cough. Do Not crush or chew
- guaifENesin tablet; 200 mg, oral, Every 4 hours PRN, cough. Administer with a full glass of water
- dextromethorphan-guaifenesin (DIABETIC TUSSIN DM) 10-100 mg/5 mL liquid; 5 mL, oral, Every 4 hours PRN, cough
One Syringe equals One Dose

Medications: Nicotine Replacement (CHOOSE ONE)

- Nicotine (NICODERM CQ) 7 mg patch; 1 patch, transdermal, Daily, Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip
- Nicotine (NICODERM;HABITROL) 14 mg patch; 1 patch, transdermal, Daily, Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip
- Nicotine (NICODERM;HABITROL) 21 mg patch; 1 patch, transdermal, Daily, Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip

Immunizations: Adult Influenza Immunization (CHOOSE ONE)

- Influenza Vaccine: Non-ICU / Non-CCU Admission
 - Administer vaccine at 09:00 AM on the day following admission unless contraindicated or physician specifies the vaccine is not to be given
 - Influenza Vaccine + Acetaminophen
 - Acetaminophen (TYLENOL) tablet; 650 mg, oral, for 1 dose, During hospitalization, Premed to influenza vaccine, Administer with vaccination. May affect liver function if max daily dose exceeded
 - Influenza vaccine adult (FLUZONE) syringe; 0.5 mL, intramuscular, for 1 dose, During hospitalization, Prior to discharge, Immunization. Keep refrigerated
- Influenza Vaccine: ICU / CCU Admission
 - Administer vaccine at time of transfer out of the ICU/CCU unless contraindicated – or physician specifies the vaccine is not to be given
 - Influenza Vaccine + Acetaminophen
 - Acetaminophen (TYLENOL) tablet; 650 mg, oral, for 1 dose, During hospitalization, Premed to influenza vaccine, Administer with vaccination. May affect liver function if max daily dose exceeded

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NGMC PHYSICIAN ORDER # 304100001 (9/25/2017)



**GENERAL ADULT ADMISSION
PAGE 6 OF 9**

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- Influenza vaccine adult (FLUZONE) syringe; 0.5 mL, intramuscular, for 1 dose, During hospitalization, Prior to discharge, Immunization. Keep refrigerated

Immunizations: Adult Pneumonia Immunization (CHOOSE ONE)

- Pneumococcal 23 Vaccine: Non-ICU / Non-CCU Admission
 - Administer vaccine at 09:00 AM on the day following admission unless contraindicated or physician specifies the vaccine is not to be given
 - Pneumococcal Vaccine + Acetaminophen
 - Acetaminophen (TYLENOL) tablet; 650 mg, oral, for 1 dose, During hospitalization, Premed to pneumococcal vaccine, Administer with vaccination. May affect liver function if max daily dose exceeded
 - Pneumococcal 23-valent vaccine (PNEUMOVAX 23) injection; 0.5 mL, intramuscular, for 1 dose, During hospitalization, Immunization. Inject 0.5 mL into the deltoid muscle or lateral mid-thigh. Keep refrigerated
- Pneumococcal 23 Vaccine: ICU / CCU Admission
 - Administer vaccine at time of transfer out of the ICU/CCU unless contraindicated – or physician specifies the vaccine is not to be given
 - Pneumococcal Vaccine + Acetaminophen
 - Acetaminophen (TYLENOL) tablet; 650 mg, oral, for 1 dose, During hospitalization, Premed to pneumococcal vaccine, Administer with vaccination. May affect liver function if max daily dose exceeded
 - Pneumococcal 23-valent vaccine (PNEUMOVAX 23) injection; 0.5 mL, intramuscular, for 1 dose, During hospitalization, Immunization. Inject 0.5 mL into the deltoid muscle or lateral mid-thigh. Keep refrigerated

In AM Labs

<input type="checkbox"/> CBC w/o Diff; Once, In AM	<input type="checkbox"/> Protime-INR; Once, In AM	<input type="checkbox"/> CK, Total; Once, In AM
<input type="checkbox"/> CBC w/ Auto Differential; Once, In AM	<input type="checkbox"/> APTT; Once, In AM	<input type="checkbox"/> TSH; Once, In AM
<input type="checkbox"/> Basic metabolic panel; Once, In AM	<input type="checkbox"/> ANEMIA PROFILE; Once, In AM	<input type="checkbox"/> T4, free; Once, In AM
<input type="checkbox"/> Comprehensive metabolic panel; Once, In AM	<input type="checkbox"/> Hemoglobin A1c; Once, In AM	<input type="checkbox"/> Cortisol; Once, In AM
<input type="checkbox"/> Renal function panel; Once, In AM	<input type="checkbox"/> Lipid Panel; Once, In AM	<input type="checkbox"/> Lipase; Once, In AM
<input type="checkbox"/> Magnesium; Once, In AM	<input type="checkbox"/> Blood gas, arterial; Once, In AM	<input type="checkbox"/> Amylase; Once, In AM
<input type="checkbox"/> Phosphorus; Once, In AM		

Routine Labs

<input type="checkbox"/> CBC w/o Diff; Once	<input type="checkbox"/> Folate; Once	<input type="checkbox"/> Serum Osmolality; Once
<input type="checkbox"/> CBC w/ Auto Differential; Once	<input type="checkbox"/> Protime-INR; Once	<input type="checkbox"/> D-dimer, quantitative; Once
<input type="checkbox"/> Basic metabolic panel; Once	<input type="checkbox"/> APTT; Once	<input type="checkbox"/> Blood gas, arterial; Once
<input type="checkbox"/> Comprehensive metabolic panel; Once	<input type="checkbox"/> Cardiac Panel, Q6H X 3	<input type="checkbox"/> Lactate dehydrogenase; Once
<input type="checkbox"/> Renal function panel; Once	<input type="checkbox"/> Troponin I; Once	<input type="checkbox"/> Haptoglobin; Once
<input type="checkbox"/> Hepatic Function Panel; Once	<input type="checkbox"/> CK; Once	<input type="checkbox"/> Peripheral blood smear; Once
<input type="checkbox"/> Magnesium; Once	<input type="checkbox"/> Lactic Acid (aka Lactate) ; Once	<input type="checkbox"/> Sedimentation rate, automated; Once
<input type="checkbox"/> Phosphorus; Once	<input type="checkbox"/> Prelim Type and Screen; Once	<input type="checkbox"/> C-reactive protein
<input type="checkbox"/> Hemoglobin and hematocrit, blood; Once	<input type="checkbox"/> B-type natriuretic peptide; Once	<input type="checkbox"/> hCG, beta Subunit, Qualitative; Once
<input type="checkbox"/> ANEMIA PROFILE; Once	<input type="checkbox"/> Lipase; Once	<input type="checkbox"/> HIV 1 Antibody Confirm, Western Blot; Once
<input type="checkbox"/> Vitamin B12; Once	<input type="checkbox"/> Ammonia; Once	

STAT Labs

<input type="checkbox"/> CBC w/o Diff; Once	<input type="checkbox"/> Phosphorus; Once	<input type="checkbox"/> APTT; Once
<input type="checkbox"/> Hemoglobin and hematocrit, blood; Once	<input type="checkbox"/> Blood gas, arterial; Once	<input type="checkbox"/> CK, Total; Once
<input type="checkbox"/> Basic metabolic panel; Once	<input type="checkbox"/> Lactic Acid (aka Lactate); Once	<input type="checkbox"/> Cardiac Panel; Once
<input type="checkbox"/> Comprehensive metabolic panel; Once	<input type="checkbox"/> Protime-INR; Once	<input type="checkbox"/> Ethanol; Once
<input type="checkbox"/> Magnesium; Once		

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NGMC PHYSICIAN ORDER # 30410001 (9/25/2017)


Northeast Georgia Medical Center

**GENERAL ADULT ADMISSION
PAGE 7 OF 9**



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Point of Care Labs

- POCT glucose; 4 times daily before meals and at bedtime

Microbiology

- Blood Cultures X 2, Peripheral
 - Blood Culture, Peripheral #1; Once, Starting today
 - Blood Culture, Peripheral #2; Once, Starting today, From a different site than #1
- Sputum Culture, Once
- C Diff Toxin by PCR, Once; Specimen Source: Anus Per Rectum Per Stoma
 - Has the patient had 4 loose stools in 24 hours? Yes No Unknown
- Blood Culture from Line, Once

Urine

<input type="checkbox"/> Urinalysis, Complete, w/ Reflex Culture	<input type="checkbox"/> SPOT URINE ELECTROLYTES	<input type="checkbox"/> Urine Eosinophil Count
<input type="checkbox"/> Protein / creatinine ratio, urine	<input type="checkbox"/> Osmolality, urine	<input type="checkbox"/> Rapid drug screen, urine
<input type="checkbox"/> Sodium, urine, random	<input type="checkbox"/> Spot Urine, BUN	<input type="checkbox"/> Pregnancy, urine
<input type="checkbox"/> Creatinine, urine, random		

Imaging: CT

- CT Chest WO Contrast; Once **Reason for exam:** _____
- CT Abdomen Pelvis WO IV Contrast; Once **Reason for exam:** _____
Should this exam be performed with oral contrast? Yes No
- CT Abdomen Pelvis W IV Contrast; Once **Reason for exam:** _____
Should this exam be performed with oral contrast? Yes No
Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No

Process Instructions for lab:

- Creatinine within 24 hours of exam

-OR-

- eGFR within 24 hours of exam

Process Instructions for Patient with Allergies:

If patient has an allergy to IV contrast, the patient will need to be pre-medicated (CHOOSE ONE GROUP)

- 12 Hours Prep:

Medrol (Solumedrol 32 mg) Oral 12 hrs and 2 hrs prior to exam. Then, Benadryl 50 mg PO one hour prior to exam

-OR-

- 12 Hours Prep Alternative:

Prednisone 50 mg Oral 12 hrs, 6 hrs and 1 hour prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam

-OR-

- 24/12 Hours Prep Alternative:

Prednisone 40 mg Oral 24, 12 and 2 hours prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam

- CT Brain WO IV Contrast; Once **Reason for exam:** _____

- CTA Pulmonary; Once **Reason for exam:** _____

Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No

Process Instructions for lab:

- Creatinine within 24 hours of exam

-OR-

- eGFR within 24 hours of exam

Process Instructions for Patient with Allergies:

If patient has an allergy to IV contrast, the patient will need to be pre-medicated (CHOOSE ONE GROUP)

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NGMC PHYSICIAN ORDER # 304100001 (9/25/2017)



**GENERAL ADULT ADMISSION
PAGE 8 OF 9**



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- 12 Hours Prep:
Medrol (Solumedrol 32 mg) Oral 12 hrs and 2 hrs prior to exam. Then, Benadryl 50 mg PO one hour prior to exam
-OR-
- 12 Hours Prep Alternative:
Prednisone 50 mg Oral 12 hrs, 6 hrs and 1 hour prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam
-OR-
- 24/12 Hours Prep Alternative:
Prednisone 40 mg Oral 24, 12 and 2 hours prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam

Imaging: X-Ray

- X-Ray chest 1 view portable; Once, Starting tomorrow **Is the patient pregnant?** Yes No _____
- X-Ray abdomen kub; Once Portable **Reason for exam** _____

Imaging: Ultrasound

- US RUQ; Once **Has this patient had a cholecystectomy?** Yes No **Reason for exam:** _____
- Ultrasound abdomen complete; Once **Reason for exam:** _____
Should images of the bladder be obtained? Yes No
- Ultrasound renal limited; Once **Reason for exam:** _____
Do you want a post void residual obtained? Yes No

Imaging: Ultrasound Doppler

- Venous Duplex Scan LE Bilateral, Once **Is this with valvular reflux?** Yes No
Reason for exam: _____

Imaging: Nuclear Medicine

- Nuclear Medicine lung quantitative differential function ventilation / perfusion; Once
Is the patient pregnant? Yes No Unknown **Reason for exam:** _____

Imaging: Cardiology

- EKG 12 lead; STAT, Once **Reason for exam:** _____
- EKG 12 lead; Timed, Once, Starting tomorrow **Reason for exam:** _____
- Transthoracic echo (TTE) complete; Once **Reason for exam:** _____
Where should test be performed? Bedside Department
Who is the reading Cardiologist group? THC CVCNG GHVG Sibley Heart Group _____
Is this protocol for a TAVR, Mitra-clip, congenital heart disease, or cardio oncology? Yes No
- Transthoracic Echo (TTE) Limited; Once
Where should test be performed? Bedside Department
Is this protocol for a TAVR, Mitra-clip, congenital heart disease, or cardio oncology? Yes No

Physician Consults

- To Consult MD(s) _____
Reason for consult: _____

Ancillary Consults

- Case Management Diabetes Educator Dietician Hospice
 - Laurelwood Intake PT eval and treat OT eval and treat SLP eval and treat
 - Respiratory Care Social Work WOC
- Reason for consult:** _____

Other Orders/Comments:

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

NGMC PHYSICIAN ORDER # 30410001 (9/25/2017)

