

## General

## Nursing

### Activity/Pressure Relief

<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance
<input type="checkbox"/> Elevate extremity	Routine, Until discontinued, Starting S Position: Additional instructions: elevate extremity Extremity:
<input type="checkbox"/> Activity - Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
<input type="checkbox"/> Activity - Up in chair	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: As tolerated.
<input type="checkbox"/> Positioning instruction	Routine, Until discontinued, Starting S Position: Additional instructions:
<input type="checkbox"/> Turn patient	Routine, Every 2 hours
<input type="checkbox"/> Weight bearing	Routine, Until discontinued, Starting S Weight bearing status:

### Nursing Care

<input type="checkbox"/> Intake and output	Routine, Every shift
<input type="checkbox"/> Measure drainage	Routine, Once Type of drain:
<input type="checkbox"/> Ostomy management	Routine, Until discontinued, Starting S Colostomy irrigation (mLs):
<input type="checkbox"/> Wound care orders	Routine, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type:
<input type="checkbox"/> Wound care instructions (free text)	Routine, Once
<input type="checkbox"/> Patient may shower with wound covered	Routine, Daily Specify: with wound covered Additional modifier:
<input type="checkbox"/> Patient may shower with wound open	Routine, Daily Specify: with wound open Additional modifier:
<input type="checkbox"/> Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri NPWT to be applied by: Existing wound vac? Type of Wound: Wound Location: Pressure (mmHg): 125 Therapy Settings: Intensity: Foam Type:

### Nursing Care

<input type="checkbox"/> Intake and output	Routine, Every shift
<input type="checkbox"/> Measure drainage	Routine, Once Type of drain:

<input type="checkbox"/> Ostomy management	Routine, Until discontinued, Starting S Colostomy irrigation (mLs):
<input type="checkbox"/> Wound care orders	Routine, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type:
<input type="checkbox"/> Wound care instructions (free text)	Routine, Once
<input type="checkbox"/> Patient may shower with wound covered	Routine, Daily Specify: with wound covered Additional modifier:
<input type="checkbox"/> Patient may shower with wound open	Routine, Daily Specify: with wound open Additional modifier:

### Equipment

	URL: "http://www.tmh.tmc.edu/tmh/methodistnursing/nursing/Pressure%20Ulcer%20Site.htm"
<input type="checkbox"/> Supplies / kit to bedside	Routine, Once
<input type="checkbox"/> Roho Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least one of 4-7: Special Instructions: Weight:
<input type="checkbox"/> KinAir bed with scales	Routine, Once Clinical Indication(s): Group II Must select as indicated - Criteria 1 and 2 and 3 or, - Criteria 4, or Criteria 5 and 6: Special Instructions: Weight:
<input type="checkbox"/> Tria Dyne II Bed	Routine, Once Clinical Indication(s): Must select as indicated. -Must select ALL FOUR to qualify: Special Instructions: Weight:

### Diet

<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Oral supplements	Routine Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Number of Cans/Bottles (8oz/240mL) each administration:

## IV Fluids

## Medications

### Tetanus Immunization Orders (Single Response)

<input type="checkbox"/> For patients 2 months to 6 years old - DTaP (INFANRIX) injection	0.5 mL, intramuscular, once, For 1 Doses
<input type="checkbox"/> For patients 7 years old or older - tetanus-diphtheria toxoids-Td (TENIVAC) injection	0.5 mL, intramuscular, once, For 1 Doses
<input type="checkbox"/> For patients 11 years old or older - Tdap (BOOSTRIX) injection	0.5 mL, intramuscular, once, For 1 Doses

### Medications Prior to Dressing Changes

<input type="checkbox"/> Opiate Pain Medications (Single Response)	
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.1 mg, intravenous, every 8 hours PRN, severe pain (score 7-10), Prior to dressing changes Monitor and record pain scores and respiratory status
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, every 8 hours PRN, severe pain (score 7-10), Prior to dressing changes Monitor and record pain scores and respiratory status
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 8 hours PRN, severe pain (score 7-10), Prior to dressing changes Monitor and record pain scores and respiratory status
<input type="checkbox"/> lidocaine-epi-tetracaine (LET) topical solution	Topical, once
<input type="checkbox"/> lidocaine (XYLOCAINE) 2 % jelly	Topical
<input type="checkbox"/> lidocaine (XYLOCAINE) 1 % injection	infiltration, once Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> lidocaine-EPINEPHrine (XYLOCAINE W/EPI) 1 %-1:100,000 injection	infiltration Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> lidocaine (XYLOCAINE) 2 % injection	infiltration Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> lidocaine-EPINEPHrine (XYLOCAINE W/EPI) 2 %-1:100,000 injection	infiltration Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> bupivacaine (MARCAINE) 0.25 % injection	infiltration, once Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> bupivacaine-EPINEPHrine (MARCAINE w/EPI) 0.25 %-1:200,000 injection	infiltration Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> bupivacaine (MARCAINE) 0.5 % injection	infiltration Infiltrate around wound prior to dressing changes.
<input type="checkbox"/> bupivacaine-EPINEPHrine (MARCAINE w/EPI) 0.5 %-1:200,000 injection	infiltration Infiltrate around wound prior to dressing changes.

### Medications

<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 12 hours scheduled
<input type="checkbox"/> neomycin-bacitracinZn-polymyxinB (NEOSPORIN) triple antibiotic ointment	Topical, 3 times daily
<input type="checkbox"/> collagenase (SANTYL) ointment	Topical, daily Apply a nickel-thickness layer of collagenase (SANTYL) ointment to the wound bed. Cover with a Mepilex. Change daily.
<input type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	Topical, 3 times daily
<input type="checkbox"/> silver sulfadiazine (SILVADENE) 1 % cream	Topical, daily
<input type="checkbox"/> white petrolatum 42 % ointment	Topical, PRN, dry skin
<input type="checkbox"/> sodium hypochlorite 0.125% (DAKIN'S (QUARTER-STRENGTH)) external solution	irrigation, once
<input type="checkbox"/> sodium hypochlorite 0.25% (DAKIN'S (HALF-STRENGTH)) external solution	irrigation, once
<input type="checkbox"/> sodium hypochlorite 0.5% (DAKIN'S FULL-STRENGTH) external solution	irrigation, once
<input type="checkbox"/> multivitamin (THERAGRAN) per tablet	1 tablet, oral, daily
<input type="checkbox"/> therapeutic multivitamin liquid	15 mL, oral, daily
<input type="checkbox"/> zinc sulfate tablet	220 mg, oral, daily
<input type="checkbox"/> ascorbic acid (VITAMIN C) tablet	500 mg, oral, daily
<input type="checkbox"/> vitamin A capsule	20,000 Units, oral, daily, For 10 Days

## VTE

## Labs

### Labs

To improve glycemic control in hospitalized patients:

Obtain a HbA1c if patient IS a known diabetic and has not had a HbA1c in the past 3 months or if recent HbA1c result is unknown.

Obtain a HbA1c if patient IS NOT a known diabetic and initial glucose is 180 or greater

<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Prealbumin	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	C-reactive protein	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Sedimentation rate	Once
<input type="checkbox"/>	Blood culture x 2	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

### Wound Cultures

<input type="checkbox"/>	Aerobic culture	Once
<input type="checkbox"/>	Anaerobic culture	Once
<input type="checkbox"/>	AFB culture	Once, Sputum
<input type="checkbox"/>	AFB stain	Once, Sputum
<input type="checkbox"/>	Fungus culture	Once
<input type="checkbox"/>	Tissue culture	Once, Tissue
<input type="checkbox"/>	MRSA screen culture	Once, Nares
<input type="checkbox"/>	VRE culture	Once, Stool

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:

**Physician Consult**

<input type="checkbox"/> Consult MD Wound Care	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Cardiovascular Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to General Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Infectious Diseases	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Orthopedic Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Podiatry	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Plastic Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Vascular Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

**Physician Consult**

<input type="checkbox"/> Consult MD Wound Care	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Cardiovascular Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to General Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Infectious Diseases	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Orthopedic Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult to Podiatry	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Consult to Plastic Surgery

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

Consult to Vascular Surgery

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

## Additional Orders