

General

Admission or Observation (Single Response) (Selection Required)

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Nursing

Nursing

<input type="checkbox"/> Complete consent for Left Carotid Artery Stent	Routine, Once Procedure: Left Carotid Artery Stent Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Date of procedure: ***
<input type="checkbox"/> Complete consent for Right Carotid Artery Stent	Routine, Once Procedure: Right Carotid Artery Stent Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Date of procedure: ***

Diet

<input type="checkbox"/> NPO (After Midnight)	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options:
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IV Fluids

Medications

VTE

Labs

Laboratory Today

<input type="checkbox"/> CBC with differential	Once, Starting S
<input type="checkbox"/> Basic metabolic panel	Once, Starting S
<input type="checkbox"/> Prothrombin time with INR	Once, Starting S
<input type="checkbox"/> Partial thromboplastin time	Once, Starting S

[] Type and screen

Once, Starting S

Cardiology

Imaging

Other Studies

Other Diagnostic Studies

[] PV Transcranial Doppler intracranial arteries complete

Routine, 1 time imaging

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders