

General

Code Status

| | | |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | Full code | Code Status decision reached by: |
| <input type="checkbox"/> | DNR (Selection Required) | |
| <input type="checkbox"/> | DNR (Do Not Resuscitate) | Does patient have decision-making capacity? |
| <input type="checkbox"/> | Consult to Palliative Care Service | Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: |
| <input type="checkbox"/> | Consult to Social Work | Reason for Consult: |
| <input type="checkbox"/> | Modified Code | Does patient have decision-making capacity? Modified Code restrictions: |
| <input type="checkbox"/> | Treatment Restrictions | Treatment Restriction decision reached by: Specify Treatment Restrictions: |

Isolation

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Airborne isolation status | |
| <input type="checkbox"/> | Airborne isolation status | Details |
| <input type="checkbox"/> | Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum |
| <input type="checkbox"/> | Contact isolation status | Details |
| <input type="checkbox"/> | Droplet isolation status | Details |
| <input type="checkbox"/> | Enteric isolation status | Details |

Precautions

| | | |
|--------------------------|------------------------|-------------------------------------|
| <input type="checkbox"/> | Aspiration precautions | Details |
| <input type="checkbox"/> | Fall precautions | Increased observation level needed: |
| <input type="checkbox"/> | Latex precautions | Details |
| <input type="checkbox"/> | Seizure precautions | Increased observation level needed: |

Common Present on Admission Diagnosis

| | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Acidosis | Details |
| <input type="checkbox"/> | Acute Post-Hemorrhagic Anemia | Details |
| <input type="checkbox"/> | Acute Renal Failure | Details |
| <input type="checkbox"/> | Acute Respiratory Failure | Details |
| <input type="checkbox"/> | Acute Thromboembolism of Deep Veins of Lower Extremities | Details |
| <input type="checkbox"/> | Anemia | Details |
| <input type="checkbox"/> | Bacteremia | Details |
| <input type="checkbox"/> | Bipolar disorder, unspecified | Details |
| <input type="checkbox"/> | Cardiac Arrest | Details |
| <input type="checkbox"/> | Cardiac Dysrhythmia | Details |
| <input type="checkbox"/> | Cardiogenic Shock | Details |
| <input type="checkbox"/> | Decubitus Ulcer | Details |
| <input type="checkbox"/> | Dementia in Conditions Classified Elsewhere | Details |
| <input type="checkbox"/> | Disorder of Liver | Details |
| <input type="checkbox"/> | Electrolyte and Fluid Disorder | Details |
| <input type="checkbox"/> | Intestinal Infection due to Clostridium Difficile | Details |
| <input type="checkbox"/> | Methicillin Resistant Staphylococcus Aureus Infection | Details |
| <input type="checkbox"/> | Obstructive Chronic Bronchitis with Exacerbation | Details |
| <input type="checkbox"/> | Other Alteration of Consciousness | Details |
| <input type="checkbox"/> | Other and Unspecified Coagulation Defects | Details |
| <input type="checkbox"/> | Other Pulmonary Embolism and Infarction | Details |

| | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Phlebitis and Thrombophlebitis | Details |
| <input type="checkbox"/> | Protein-calorie Malnutrition | Details |
| <input type="checkbox"/> | Psychosis, unspecified psychosis type | Details |
| <input type="checkbox"/> | Schizophrenia Disorder | Details |
| <input type="checkbox"/> | Sepsis | Details |
| <input type="checkbox"/> | Septic Shock | Details |
| <input type="checkbox"/> | Septicemia | Details |
| <input type="checkbox"/> | Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Details |
| <input type="checkbox"/> | Urinary Tract Infection, Site Not Specified | Details |

Nursing

Activity

| | | |
|--------------------------|-----------------------------------|--|
| <input type="checkbox"/> | Strict bed rest | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> | Bed rest with bathroom privileges | Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges |
| <input type="checkbox"/> | Ambulate with assistance | Routine, 3 times daily Specify: with assistance |
| <input type="checkbox"/> | Activity as tolerated | Routine, Until discontinued, Starting S Specify: Activity as tolerated |

Vital Signs

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|--------------------------|------------------------|--|
| <input type="checkbox"/> | Vital signs - T/P/R/BP | Routine, Every 15 min Post Procedure- every 15 minutes times 2, then every 30 minutes times 2, then per unit policy |
|--------------------------|------------------------|--|

Nursing Care

| | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> | Telemetry | "And" Linked Panel |
| <input type="checkbox"/> | Telemetry monitoring | Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes |
| <input type="checkbox"/> | Telemetry Additional Setup Information | Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 |
| <input type="checkbox"/> | Discontinue IV prior to discharge | Routine, Once Prior to discharge |
| <input type="checkbox"/> | Saline lock IV | Routine, Continuous |
| <input checked="" type="checkbox"/> | Side rails up x3 | Routine, Once |

Diet

| | | |
|--------------------------|---------------------|--|
| <input type="checkbox"/> | Diet- Clear Liquids | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid: Advance diet as tolerated once patient is awake |
|--------------------------|---------------------|--|

IV Fluids

Medications

Medications

| | |
|--|---------------------------------------|
| <input type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection | intravenous, PRN, opioid reversal |
| <input type="checkbox"/> hydrocortisone 1 % cream | 1 application, Topical, 2 times daily |

Labs

Cardiology

ECG

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|--------------------------------------|---|
| <input type="checkbox"/> ECG 12 lead | Routine, Once For 1 Occurrences Clinical Indications: Angina Interpreting Physician: ONCE Post Procedure |
|--------------------------------------|---|

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders

Discharge

Discharge Order (Single Response)

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|--|--|
| <input type="checkbox"/> Discharge patient when criteria met | Routine, Once Discharge Criteria: Scheduling/ADT |
|--|--|

Discontinue tubes/drains

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|--|---|
| <input type="checkbox"/> Discontinue Foley catheter | Routine, Once, Scheduling/ADT |
| <input type="checkbox"/> Discharge home with Foley catheter | Routine, Once, Scheduling/ADT |
| <input type="checkbox"/> Discontinue IV | Routine, Once For 1 Occurrences, Scheduling/ADT |
| <input type="checkbox"/> Deaccess port | |
| <input type="checkbox"/> Deaccess Port-a-cath | Routine, Once, Scheduling/ADT |
| <input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection | intra-catheter, once, Scheduling/ADT |

Discharge Activity - REQUIRED

| | |
|---|--|
| <input type="checkbox"/> Activity as tolerated | Routine, Normal, Scheduling/ADT |
| <input type="checkbox"/> Ambulate with assistance or assistive device | Routine, Normal, Scheduling/ADT |
| <input type="checkbox"/> Lifting restrictions | Routine, Normal, Scheduling/ADT, No lifting over 10 pounds. |
| <input type="checkbox"/> Weight bearing restrictions (specify) | Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: *** |
| <input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex) | Routine, Normal, Scheduling/ADT |
| <input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex) | Routine, Normal, Scheduling/ADT |
| <input type="checkbox"/> No driving for 2 days | Routine, Normal, Scheduling/ADT |
| <input type="checkbox"/> Shower instructions: | Routine, Normal, Scheduling/ADT, *** |
| <input type="checkbox"/> Discharge activity | Routine, Normal, Scheduling/ADT |

Other restrictions (specify): Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

Discharge wound care Routine, Normal, Scheduling/ADT, ***

Discharge incision care Routine, Normal, Scheduling/ADT, ***

Discharge dressing Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

Discharge Diet Routine, Normal, Scheduling/ADT
Discharge Diet:

Discharge Diet- Regular Routine, Normal, Scheduling/ADT
Discharge Diet: Regular

Patient to notify physician

Call physician for: Routine, Normal, Scheduling/ADT, Temperature greater than 100.5

Call physician for: Persistent nausea or vomiting Routine, Normal, Scheduling/ADT

Call physician for: severe uncontrolled pain Routine, Normal, Scheduling/ADT

Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area) Routine, Normal, Scheduling/ADT

Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness Routine, Normal, Scheduling/ADT

Call physician for: Routine, Normal, Scheduling/ADT, ***

Discharge Education

Nurse to provide discharge education Routine, Once
Patient/Family: Both
Education for: Other (specify)
Specify: Nurse to provide patient education
Scheduling/ADT

Nurse to provide tobacco cessation education Routine, Once
Patient/Family: Both
Education for: Other (specify)
Specify: Nurse to provide tobacco cessation education
Scheduling/ADT

Discharge Instructions

Additional discharge instructions for Patient Routine, Normal, Scheduling/ADT, ***

Discharge instructions for Nursing- Will not show on AVS Routine, Once
***, Scheduling/ADT

Place Follow-Up Order

Follow-up with me Follow up with me:
Clinic Contact:
Follow up in:
On date:
Appointment Time:

Follow-up with primary care physician Routine, Normal, Scheduling/ADT

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with department Details

