

General

Code Status (Selection Required)

DNR and Modified Code orders should be placed by the responsible physician.

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
<input type="checkbox"/> Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Nursing

Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<input type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees

Comfort Care

<input type="checkbox"/> Maintain IV access	Routine, Until discontinued, Starting S
<input type="checkbox"/> Okay to discontinue foley catheter for comfort	Routine, Once For 1 Occurrences
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> Assist patient with personal hygiene	Routine, As needed
<input type="checkbox"/> Oral care	
<input type="checkbox"/> Oral care	Routine, Every 4 hours for comfort
<input type="checkbox"/> Reposition for excessive secretions	Routine, Until discontinued, Starting S
<input type="checkbox"/> Gentle oral suction if needed	Routine, As needed
<input type="checkbox"/> Suctioning: Nasotracheal	Routine, As needed Route: Nasotracheal Family may refuse
<input type="checkbox"/> Suctioning: Oropharyngeal	Routine, As needed Route: Pharynx Family may refuse
<input type="checkbox"/> Assess for signs/symptoms of discomfort	Routine, Once Assess: May include facial grimacing, furrowed brow, groaning, vocalization, muscle tension, clenched fists/teeth, withdrawal from touch, tremor, diaphoresis, flushing, tearing, restlessness, use of accessory respiratory muscles, nasal flaring, sustained tachypnea rate > 30 breaths/minute.

<input type="checkbox"/> Nursing wound care	Routine, Every 12 hours Location: Bilateral Site: Other Specify: Bony prominences Irrigate wound? Apply: Dressing Type: Foam 1. Apply foam dressing (e.g. Mepilex) over bony prominences (e.g. sacrum, heels, elbows) to improve comfort and decrease risk of pressure ulcers due to patient immobility
<input type="checkbox"/> Turn patient	Routine, Now then every 2 hours As tolerated

Wound care

<input checked="" type="checkbox"/> Nursing wound care	Routine, Every 12 hours Location: Site: Other Specify: Bony prominences Irrigate wound? Apply: Dressing Type: Foam Apply foam dressing (e.g. Mepilex) over bony prominences (e.g. sacrum, heels, elbows) to improve comfort and decrease risk of pressure ulcers due to patient immobility
--	---

Discontinue Interventions

<input type="checkbox"/> Discontinue tube feeding	Routine, Once
<input type="checkbox"/> Discontinue feeding tube	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue nasogastric tube	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue esophageal temperature monitor	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue pulse oximetry	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue vital signs	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue telemetry	Routine, Once For 1 Occurrences
<input type="checkbox"/> CV pacemaker defib or ilr interrogation	Routine, Once
<input type="checkbox"/> Discontinue invasive hemodynamic monitoring	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue dialysis/CRRT	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue lab draws	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue bedside glucose checks	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue BIPAP	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue all radiologic imaging	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue restraints	Routine, Once For 1 Occurrences
<input type="checkbox"/> Discontinue SCD's	Routine, Once For 1 Occurrences

Diet (Single Response)

<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid:
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	21 mL/hr, intravenous, continuous
---	-----------------------------------

Medications

Dry Eyes

<input type="checkbox"/> dextran 70-hypromellose (ARTIFICIAL TEARS) ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes
---	--

Dry Mouth

<input type="checkbox"/> saliva stimulant (BIOTENE) spray	mucous membrane, PRN, dry mouth
---	---------------------------------

Fever

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever, for fever GREATER than 100.8 F
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, fever, for fever GREATER than 100.8 F Use suppository if patient can not take oral medications.

Excessive Secretions

<input type="checkbox"/> atropine 1 % for Sublingual Use	1 drop, sublingual, every 2 hour PRN, excessive secretions ** FOR SUBLINGUAL USE ONLY **
<input type="checkbox"/> glycopyrrolate (ROBINUL) injection	0.4 mg, intravenous, every 2 hour PRN, excessive secretions
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg patch	1 patch, transdermal, for 72 Hours, every 72 hours PRN, excessive secretions

Delirium/Restlessness

<input type="checkbox"/> haloperidol (HALDOL) oral solution	2 mg, oral, every 4 hours PRN, agitation Indication:
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	1 mg, intravenous, every 4 hours PRN, delirium Indication:
<input type="checkbox"/> chlorproMAZINE (THORAZINE) injection	25 mg, intravenous, once, For 1 Doses For delirium. Indication:

Pain/Dyspnea

<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution	2.5 mg, nebulization, every 15 min PRN, shortness of breath Aerosol Delivery Device:
<input type="checkbox"/> morPHINE subcutaneous q1h prn	subcutaneous, every 1 hour prn, shortness of breath
<input type="checkbox"/> morPHINE IV 2 mg q1h prn	2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), severe pain (score 7-10), shortness of breath
<input type="checkbox"/> morphine oral solution q1h prn	5 mg, oral, every 1 hour prn, shortness of breath
<input type="checkbox"/> morphine sublingual q2h prn	5 mg, sublingual, every 2 hour PRN, severe pain (score 7-10), shortness of breath
<input type="checkbox"/> HYDROmorphone (DILAUDID) subcutaneous	subcutaneous, every 1 hour prn, shortness of breath
<input type="checkbox"/> HYDROmorphone (DILAUDID) IV q1h prn	0.2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), severe pain (score 7-10)
<input type="checkbox"/> HYDROmorphone (DILAUDID) oral solution	1 mg, oral, every 4 hours PRN, shortness of breath

Anxiety (Single Response)

<input type="checkbox"/> LORazepam (ATIVAN) tablet	1 mg, oral, every 4 hours PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/> LORazepam (ATIVAN) injection	1 mg, intravenous, every 4 hours PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/> LORAZepam (ATIVAN) oral solution	1 mg, sublingual, every 4 hours PRN, anxiety Indication:

Myoclonus (Single Response)

<input type="checkbox"/> diazePAM (VALIUM) tablet	5 mg, oral, every 4 hours PRN, anxiety, myoclonus Indication(s):
<input type="checkbox"/> diazePAM (VALIUM) injection	5 mg, intravenous, every 4 hours PRN, anxiety, myoclonus Indication:

<input type="checkbox"/> diazePAM (DIASTAT ACUDIAL) rectal kit	10 mg, rectal, once PRN, seizures, myoclonus Notify Attending when administered.
<input type="checkbox"/> LORAZepam (ATIVAN) tablet 1 mg	1 mg, oral, every 4 hours PRN, anxiety, myoclonus Indication(s):
<input type="checkbox"/> LORazepam (ATIVAN) injection	1 mg, intravenous, every 4 hours PRN, myoclonus Indication(s): Myoclonus

Insomnia

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/> doxepin (SINEquan) 10 mg/mL solution - oral	oral, nightly PRN, sleep Indication:
<input type="checkbox"/> doxepin (SINEquan) 10 mg/mL solution - sublingual	sublingual, nightly PRN, sleep Indication:

Itching

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	10 mg, oral, daily PRN, allergies, for itching in patients >65 years of age
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 6 hours PRN, itching

Constipation

<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/> senna (SENOKOT) tablet	2 tablet, oral, 2 times daily PRN, constipation

Anti-emetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> ondansetron (ZOFTRAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> prochlorperazine (COMPAZINE) tablet	5 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> metoclopramide (REGLAN) tablet	5 mg, oral, every 8 hours PRN, nausea, vomiting

VTE

Labs

Cardiology

Imaging

Other Studies

Respiratory

Respiratory

<input type="checkbox"/> OK to extubate	
<input type="checkbox"/> Prepare for terminal extubation of a mechanically ventilated patient	Routine, Until discontinued, Starting S
<input type="checkbox"/> Prior to terminal extubation, ensure patient/family informed, agree to continue DNR/DNI, OOH if discharged.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Oxygen support/humidification post-extubation as needed for comfort via BiPaP, NRB, NC, simple face mask	Routine, Until discontinued, Starting S
<input type="checkbox"/> Perform terminal extubation during Time Out, to include but not limited to the registered nurse (RN), respiratory care practitioner (RCP), and the Charge Nurse (CN, if available).	Routine, Until discontinued, Starting S
<input type="checkbox"/> Ok to extubate	Routine, Until discontinued, Starting S

<input type="checkbox"/> Oxygen therapy- Nasal cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: Indications for O2 therapy: Device 2: Device 3:
<input type="checkbox"/> Oxygen therapy- Non-rebreather mask	Routine, Continuous Device: Non-rebreather mask Rate in liters per minute: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: Indications for O2 therapy: Device 2: Device 3:
<input type="checkbox"/> Oxygen therapy- Simple face mask	Routine, Continuous Device: Simple Face Mask Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: Indications for O2 therapy: Device 2: Device 3:
<input type="checkbox"/> BIPAP	Routine, Once Instructions for As Directed: Mode: Resp Rate (breaths/min): IPAP (cm H2O): EPAP (cm H2O): O2 Blend In (L/min): FiO2: for comfort per RT
<input type="checkbox"/> Wean down oxygen for signs of dyspnea, comfort, family request	Routine, Until discontinued, Starting S

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Hospice Referral Evaluate for:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? End of Life Support
<input type="checkbox"/> Consult to Palliative Care	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<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: Reason for consult:

