

General

Common Present on Admission Diagnosis

<input type="checkbox"/> Present on Admission	Details
<input type="checkbox"/> Abdominal pain	Details
<input type="checkbox"/> Back pain	Details
<input type="checkbox"/> Chest pain	Details
<input type="checkbox"/> Cough	Details
<input type="checkbox"/> COVID - 19	Details
<input type="checkbox"/> Dizziness	Details
<input type="checkbox"/> Fall	Details
<input type="checkbox"/> Fever	Details
<input type="checkbox"/> Headache	Details
<input type="checkbox"/> Hypertension	Details
<input type="checkbox"/> Nausea	Details
<input type="checkbox"/> Shortness of breath	Details
<input type="checkbox"/> Vomiting	Details
<input type="checkbox"/> Weakness-generalized	Details

Admission or Observation (Single Response) (Selection Required)

<input type="radio"/> Admit to Inpatient	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="radio"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
<input type="radio"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

Admission or Observation (Single Response)

Patient has active status order on file

<input type="radio"/> Admit to Inpatient	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="radio"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
<input type="radio"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

Admission (Single Response)

Patient has active status order on file.

Admit to inpatient

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.

Code Status (Single Response)

Full code Code Status decision reached by:

DNR (Selection Required)

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?

Consult to Palliative Care Service Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:

Consult to Social Work Reason for Consult:

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:

Treatment Restrictions I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.
Treatment Restriction decision reached by:
Specify Treatment Restrictions:

Isolation

Airborne isolation status

Airborne isolation status Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, Sputum

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Precautions

Aspiration precautions Details

Fall precautions Increased observation level needed:

Latex precautions Details

Seizure precautions Increased observation level needed:

Nursing

Vital Signs

Vital signs - T/P/R/BP Routine, Every 4 hours

Orthostatic vital signs Routine, Once
On admission or if active bleeding occurs.

Activity

Strict bed rest Routine, Until discontinued, Starting S

Bed rest with bathroom privileges Routine, Until discontinued, Starting S
Bathroom Privileges:

Bed rest with bedside commode Routine, Until discontinued, Starting S

<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify:
<input type="checkbox"/> Up in chair	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier:
<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib

Nursing

<input type="checkbox"/> Intake and output	Routine, Every shift
<input type="checkbox"/> Neurological assessment	Routine, Once Assessment to Perform:
<input type="checkbox"/> Incentive spirometry	Routine, Once
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Elevate Head of bed	Routine, Until discontinued, Starting S Head of bed: If hemodynamically stable
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance - lavage to clear	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/> Nasogastric tube maintenance - low continuous suction	Routine, Until discontinued, Starting S Tube Care Orders: To Continuous Suction
<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"/> 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

Notify

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than:
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<input checked="" type="checkbox"/> Notify Attending Physician if urine output less than 200 mL in 8 hours	Routine, Until discontinued, Starting S, If urine output less than 200 mL in 8 hours
<input checked="" type="checkbox"/> Notify Attending Physician if evidence of active bleeding	Routine, Until discontinued, Starting S, If evidence of active bleeding

Diet

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

IV Fluids

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> electrolyte-A (PLASMA-LYTE A) infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

Medications

Bowel-Cleansing Agents (Single Response)

<input type="checkbox"/> magnesium citrate solution	300 mL, oral, once, For 1 Doses Caution in patients with impaired renal function. Contains 3.85-4.71 mEqmagnesium per 5 mL.
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Vasoactive Agents

<input type="checkbox"/> octreotide (SANDOSTATIN) bolus AND maintenance	"And" Linked Panel
<input type="checkbox"/> octreotide (SANDOSTATIN) bolus injection	50 mcg, intravenous, once, For 1 Doses For IV bolus doses, administer over 3 minutes. Bolus once initial dose. Infusion to start immediately after bolus. May cause Q-T interval prolongation.
<input type="checkbox"/> octreotide (SANDOSTATIN) maintenance infusion	50 mcg/hr, intravenous, continuous May cause Q-T interval prolongation

Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, mild pain (score 1-3) Do not exceed 2000 mg/day for patients with hepatic disease.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Do not exceed 2000 mg/day for patients with hepatic disease.

GI Drugs (Single Response)

() Active GI Bleeding

<input type="checkbox"/> pantoprazole (PROTONIX) IV	8 mg/hr, intravenous, for 10 Hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> octreotide (SANDOSTATIN) injection - bolus	100 mcg, intravenous, once, For 1 Doses

() Stress Ulcer Prophylaxis (Single Response)

<input type="checkbox"/> pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> famotidine (PEPCID) IV or ORAL	"Or" Linked Panel
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours IV or ORAL
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

PRN Antihypertensives (Single Response)

<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER THAN 170 mmHg. BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalaprilat (VASOTEC) injection	2.5 mg, intravenous, every 4 hours PRN, high blood pressure, Systolic Blood Pressure GREATER THAN 170 mmHg. BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection	20 mg, intravenous, every 4 hours PRN, high blood pressure, Systolic Blood Pressure GREATER THAN 170 mmHg. Hold if patient is wheezing. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm Contact Physician if:
<input type="checkbox"/> cloNIDine (CATAPRES) tablet	0.1 mg, oral, 3 times daily PRN, high blood pressure, Systolic Blood Pressure GREATER THAN 170 mmHg. BP & HR HOLD parameters for this order: Contact Physician if:

Antitussives (Single Response)

<input type="checkbox"/> guaifenesin (ROBITUSSIN) 100 mg/5 mL syrup	10 mL, oral, every 4 hours PRN, cough
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<input type="checkbox"/> dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid	10 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/> codeine-guaifenesin (GUAIFENESIN AC) 10-100 mg/5 mL liquid	10 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/> benzonatate (TESSALON) capsule	100 mg, oral, every 4 hours PRN, cough

Anxiolytics (Single Response)

<input type="checkbox"/> LORAZepam (ATIVAN) injection	intravenous, every 4 hours PRN, anxiety, agitation Indication(s): Anxiety
<input type="checkbox"/> LORazepam (ATIVAN) tablet	0.5 mg, oral, every 4 hours PRN, agitation Indication(s): Agitation
<input type="checkbox"/> ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety Indication(s): Anxiety

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
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Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Itching for patients LESS THAN 70 Years Old (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, every 6 hours PRN, itching
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Itching: For Patients GREATER than 70 years old (Single Response)

<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Bowel Care (Single Response)

<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation
<input type="checkbox"/> magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE	30 mL, oral, every 12 hours PRN, constipation Do not give if patient is on hemodialysis or is in chronic renal failure.
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, daily PRN, constipation

Labs

Labs STAT

<input checked="" type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	STAT For 1 Occurrences, Blood Bank
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences

Repeating Labs

<input type="checkbox"/>	Hemoglobin and hematocrit	Every 4 hours For 3 Occurrences
<input type="checkbox"/>	CBC hemogram	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	CBC with differential	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Basic metabolic panel	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Hepatic function panel	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	AM draw repeats For 3 Occurrences

Type and Crossmatch

Type and Crossmatch

<input type="checkbox"/>	Lab Draw	
<input type="checkbox"/>	Type and screen	
<input type="checkbox"/>	Type and screen	Once, Blood Bank
<input type="checkbox"/>	ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/>	Blood Products	
<input type="checkbox"/>	Red Blood Cells	
<input type="checkbox"/>	Prepare RBC	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse RBC	Routine Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/>	Platelet pheresis	
<input type="checkbox"/>	Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/>	Fresh Frozen Plasma	
<input type="checkbox"/>	Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/>	Cryoprecipitate	
<input type="checkbox"/>	Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood

Cardiology

Cardiology

For patients with acute lower GI bleeding who are greater than 50 years of age, who have risk factors for CAD, who have a history of dysrhythmia, or who present with chest pain or palpitations, an ECG should be performed.

<input type="checkbox"/> Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Interpreting Physician:
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Imaging

CT/MR

<input type="checkbox"/> CT Abdomen Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-i-Cat (barium sulfate).	
<input type="checkbox"/> CT Abdomen Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-i-Cat (barium sulfate).	
<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Read-i-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine allergies.	
<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
<input type="checkbox"/> CT Abdomen WWO Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-i-Cat (barium sulfate).	
<input type="checkbox"/> CT Abdomen WWO Contrast, Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Enterography	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Enterography	"And" Linked Panel
Both MRI exams MUST be ordered for Enterography.	
<input type="checkbox"/> MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Pelvis W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

X-ray

<input type="checkbox"/> Small Bowel	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Kub Kidney Ureter Bladder	Routine, 1 time imaging, Starting S at 1:00 AM For 1

US

<input type="checkbox"/> US Abdomen Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> US Abdominal Doppler	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Consults

For Physician Consult orders use sidebar

Physician Consults

<input type="checkbox"/> Consult Gastroenterology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
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<input type="checkbox"/> Consult General Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Colon & Rectal Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Ancillary Consults	
<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<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:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?