



DOWNTIME Physician Order MED RAMO Routine Adult Medical Orders

| Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications. | | <input type="checkbox"/> Faxed to Pharmacy Date: _____ Init.: _____ | Height _____ cm | Weight _____ kg |
|--|---|--|-----------------|-----------------|
| Clinical Category | Order | | | Placed in CP |
| ADT/Communication | <ul style="list-style-type: none"> • Patient Status <ul style="list-style-type: none"> <input type="checkbox"/> Medical Unit Admit as 23 Hour Observation <input type="checkbox"/> Medical Unit Admit as Inpatient <input type="checkbox"/> Telemetry Admit as 23 Hour Observation <input type="checkbox"/> Telemetry Admit as Inpatient <input type="checkbox"/> MICU Admit as Inpatient <input type="checkbox"/> MICU Admit as 23 Hour Observation <input type="checkbox"/> SICU Admit as Inpatient <input type="checkbox"/> SICU Admit as 23 Hour Observation <input type="checkbox"/> CCU Admit as 23 Hour Observation <input type="checkbox"/> CCU Admit as Inpatient <input type="checkbox"/> Surgical Unit Admit as 23 Hour Observation <input type="checkbox"/> Surgical Unit Admit as Inpatient <input type="checkbox"/> History and Physical by House Physician <i>Medical House pager #009, Surgical House pager #370</i> <input type="checkbox"/> Isolation | | | |
| Vital Signs | <ul style="list-style-type: none"> • Vital Signs <i>Constant Order, per unit routine, PRN, include Pulse Ox with all VS</i> <i>Comments: Notify Physician of Temp greater than 38.5, SpO2 less than 92%</i> <input type="checkbox"/> Weight <i>DAILY BEFORE BREAKFAST</i> | | | |
| Activity | <ul style="list-style-type: none"> • Activity as Tolerated <i>Constant Order, with assistance as needed</i> <input type="checkbox"/> Ambulate as tolerated, TID, in hall <input type="checkbox"/> Bathroom Privileges <i>PROTOCOL, Constant Order, with assistance as needed</i> <input type="checkbox"/> Bedrest <i>PROTOCOL, Constant Order, Turn Q2 hours</i> | | | |
| Patient Care | <input type="checkbox"/> Intake and Output <i>Strict I&O</i> | | | |
| Nutrition | <ul style="list-style-type: none"> • Diet Order <ul style="list-style-type: none"> <input type="checkbox"/> House <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Nothing By Mouth - NPO <input type="checkbox"/> NPO Except Meds w/ Sips Water <input type="checkbox"/> Cardiac <input type="checkbox"/> Consist Carb 3 Carbs/Meal (1200-1500ADA) <input type="checkbox"/> Consist Carb 4 Carbs/Meal (1600-1900ADA) <input type="checkbox"/> Consist Carb 5 Carbs/Meal (2000-2400ADA) <input type="checkbox"/> General Carb Controlled <input type="checkbox"/> Soft, Bland, GiSoft, Gastric, Low Residual | | | |
| IV Infusions | <p>Refer to attached MED Sliding Scale Insulin Orderset for Diabetics (pull SSI Sliding Scale Insulin orders 163284X)</p> <ul style="list-style-type: none"> • Misc Nursing Task <i>If pt has Saline Lock, or if on Telemetry, place orderset for "Saline Lock Peripheral with Saline Flush QShift and PRN" to display NS flushes on MAR</i> <input type="checkbox"/> NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> 1/2 NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> LR 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> D5 1/2NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> D5 NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr | | | |

Physician Signature: _____ ID#: _____ Date: _____ Time: _____





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| Laboratory | <input type="checkbox"/> COMPMETA STAT <input type="checkbox"/> BASICMETA ROUTINE, T+1;0500 <input type="checkbox"/> CBCWD STAT <input type="checkbox"/> CBCND ROUTINE, T+1;0500 <input type="checkbox"/> PT INR STAT <i>Comments: PT/INR if on Coumadin at home and not completed in the ED</i> <input type="checkbox"/> APTT STAT <input type="checkbox"/> PT INR ROUTINE, T+1;0500 <input type="checkbox"/> APTT ROUTINE, T+1;0500 | |
| Respiratory | <ul style="list-style-type: none"> • Oxygen Therapy Nasal Cannula, 2-5 L NC PRN (if pt has COPD, oxygen at 2 L NC) | |
| Consults | <input type="checkbox"/> Consult Physician | |
| Non Categorized | <input type="checkbox"/> DNRCC Arrest DNR Comfort Care Protocol In Arrest Only <input type="checkbox"/> DNRCC DNR Comfort Care Only Protocol <input type="checkbox"/> Supportive Care Special Orders | |

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DOWNTIME Physician Order
RAMO PRN Medications Subphase

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Faxed to Pharmacy
Date: _____ Init.: _____

Height _____ cm Weight _____ kg

| Clinical Category | Order | Placed in CP |
|-------------------|---|--------------|
| ADT/Communication | <ul style="list-style-type: none"> ▪ Initiate Physician Orderset <i>Emergency Medication, / Treatment Orders</i> <i>Initiate if admitted to CCU/MICU/SICU/2 North/2 South Telemetry/Dialysis</i> <i>Comments: Paper Orderset 217487X Emergency Medication / Treatment Order</i> | |
| Medications | <p>PRN Medications</p> <ul style="list-style-type: none"> ▪ Tylenol 650 mg, Tablet, ORAL, Q4HOURS, PRN: Fever/Mild Pain <i>Comments: or Temp greater than 102° F (do not exceed 4000 mg/day; do not give to patients with severe hepatic dysfunction, Bilirubin greater than 4)</i> ▪ Dulcolax Laxative 10 mg, Suppository, Rectal, DAILY, PRN: Constipation <i>Comments: (do not give to patients with acute surgical abdomen, gastroenteritis, intestinal obstruction, rectal bleeding, or Neutropenia – ANC equal to or less than 1500)</i> ▪ Cepacol Reg Strength Lozenger 1 lozenge(s), Lozenge, ORAL, Q2HOURS, PRN: Throat Discomfort <i>Comments: (do not give to patients with a history of methemoglobinemia)</i> ▪ Robitussin DM 10 ML, Liquid, ORAL, Q6HOURS, PRN: Cough <i>Comments: if no clinically significant contraindications</i> ▪ Compazine 5 mg, Injection, IV Push, Q4HOURS, PRN: Nausea, 2 Dose(s), <i>Discontinue after 2 doses.</i> <i>Comments: max 2 doses, use with caution in elderly patients taking other drugs that may effect the central nervous system. Once pt has rec'd 2 doses or 24 hrs have gone by after first dose, notify Pharmacy to discontinue from MAR.</i> ▪ Ambien 2.5 mg, Tablet, ORAL, QHS/MAYREPEATX1DOSE, PRN: Insomnia <i>Comments: May repeat dose in 30 minutes if needed. Maximum dose 5 mg. Do not use after 1:00 am. Do not give to patients with sleep apnea. (By using a low dose and repeating to a max of 5 mg, there is no contraindication with renal insufficiency, liver failure or age).</i> ▪ Mylanta 30 ML, Suspension, ORAL, Q4HOURS, PRN: Indigestion <i>Comments: DO NOT USE ON PATIENTS WITH CHRONIC KIDNEY DISEASE, do not give to patients with colostomy or ileostomy, intestinal obstruction, fecal impaction, or severe renal failure - Creatinine greater than or equal to 2</i> ▪ Milk of Magnesia Conc 10ml =30ml MOM 10 ML, Solution, ORAL, DAILY, PRN: Constipation <i>Comments: DO NOT USE ON PATIENTS WITH CHRONIC KIDNEY DISEASE, do not give to patients with colostomy or ileostomy, intestinal obstruction, fecal impaction, or severe renal failure – Creatinine greater than or equal to 2</i> ▪ Insta-Glucose (40%) 0.5 tube(s), Gel, ORAL, PRN, PRN: See Note Line <i>Comments: FOR BLOOD SUGAR LESS THAN 70; OR GIVE 1/2 CUP OF JUICE, RECHECK BLOOD SUGAR IN 15 MIN.</i> ▪ Dextrose 50% 25 g, Injection, IV, PRN, PRN: See Note Line <i>Comments: for blood glucose less than 70 and not alert or not able to swallow; recheck blood glucose in 15 min</i> | |

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