



ORDERED		Hospitalist Admission Orders (1 of 2)	TIME ORDER NOTED
DATE	TIME		
		Check appropriate boxes.	
		<b>Allergies:</b> _____ <b>Height:</b> _____ <b>Weight:</b> _____	
		1) Diagnosis: _____	
		2) Admit to _____ bed to service of Dr. _____	
		3) Admission Status: <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient	
		4) Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Critical	
		5) Vital Signs: <input type="checkbox"/> every _____ hours <input type="checkbox"/> Routine	
		6) Activities: <input type="checkbox"/> Bedrest <input type="checkbox"/> BRP <input type="checkbox"/> OOB with assistance only <input type="checkbox"/> As tolerated	
		7) Nursing: <input type="checkbox"/> Strict I/O <input type="checkbox"/> Foley to gravity <input type="checkbox"/> Fall precautions <input type="checkbox"/> Daily weight	
		8) If patient is diabetic, start Accuchecks every AC & every HS (or every 6 hours if NPO).	
		<b>Use sliding scale insulin protocol:</b>	
		<input type="checkbox"/> Regular <input type="checkbox"/> Insulin Aspart (Novolog)	
		9) Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Cardiac _____ kcal ADA	
		<input type="checkbox"/> Renal <input type="checkbox"/> Pureed with nectar thick liquids <input type="checkbox"/> Clear liquids	
		<input type="checkbox"/> Aspiration precautions <input type="checkbox"/> Other: _____	
		10) Labs: Now if not done in ER: <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> TSH	
		<input type="checkbox"/> BNP <input type="checkbox"/> Blood cultures x 2 <input type="checkbox"/> U/A <input type="checkbox"/> Urine culture <input type="checkbox"/> PT/PTT	
		<input type="checkbox"/> ABG <input type="checkbox"/> Cardiac enzymes with troponin I every 8h x 3 (call MD if elevated)	
		In AM: <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> PT/PTT	
		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> CBC <input type="checkbox"/> CBC w/diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> PT/PTT	
		11) IV Fluids: <input type="checkbox"/> INT <input type="checkbox"/> NS @ _____ ml/hr <input type="checkbox"/> Other: _____	
		12) Studies: Now if not done in ER <input type="checkbox"/> CXR <input type="checkbox"/> Other: _____	
		13) Consults: _____	
		MD Signature:	
		Date/Time:	



HOSPITALIST ADMISSION ORDERS

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ORDERED		Hospitalist Admission Orders (2 of 2)	TIME ORDER NOTED						
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		Check appropriate boxes.							
		<p><b>14) VTE Risk Assessment/Prophylaxis</b></p> <table border="1"> <tr> <td> <input type="checkbox"/> <b>Low Risk</b>            Observation patients, expected LOS &lt; 48 hrs:            Minor/            Ambulatory Surgery or Age &lt; 50 and NO other risk factors, or Already on therapeutic anticoagulation         </td> <td> <input type="checkbox"/> Early ambulation, education  <input type="checkbox"/> Education         </td> </tr> <tr> <td> <input type="checkbox"/> <b>Moderate Risk</b>            Most medical patients: CHF, pneumonia, active Inflammation, advanced age, dehydration, varicose Veins, less than fully and independently ambulatory, Many other factors. All patients not in the Low or Highest Risk Categories.         </td> <td> <b>CHOOSE ONE PHARMACOLOGIC option</b>  <input type="checkbox"/> Enoxaparin 40 mg subq every 24 hours  <input type="checkbox"/> Heparin 5000 units subq every 8 hours  <input type="checkbox"/> Heparin 5000 units subq every 12 hours (if weight &lt; 50 kg or &gt; 75 yrs)            Also OPTIONAL  <input type="checkbox"/> Sequential compression device         </td> </tr> <tr> <td> <input type="checkbox"/> <b>Highest Risk</b>            Elective hip or knee arthroplasty; Acute spinal cord Injury with paresis; Multiple major trauma; Abdominal or pelvic surgery for CA         </td> <td> <b>CHOOSE ONE PHARMACOLOGIC option</b>  <input type="checkbox"/> Enoxaparin 40 mg subq daily  <input type="checkbox"/> Enoxaparin 30 mg subq every 12 hours  <input type="checkbox"/> Arixtra 2.5 mg subq daily  <input type="checkbox"/> Heparin 5000 units subq every 8 hrs (only if Creatinine clearance is &lt; 30, SCR &gt; 2)  <b>AND</b>  <input type="checkbox"/> Sequential compression device         </td> </tr> </table> <p> <input type="checkbox"/> The risk of adverse effects of pharmacologic prophylaxis outweighs the risk of DVT/PE.            Contraindication to pharmacologic prophylaxis: _____  <input type="checkbox"/> Mechanical prophylaxis with sequential compression device OR  <input type="checkbox"/> Contraindicated (peripheral vascular disease or wounds)  <input type="checkbox"/> Other reason contraindicated: _____         </p>	<input type="checkbox"/> <b>Low Risk</b> Observation patients, expected LOS < 48 hrs: Minor/ Ambulatory Surgery or Age < 50 and NO other risk factors, or Already on therapeutic anticoagulation	<input type="checkbox"/> Early ambulation, education <input type="checkbox"/> Education	<input type="checkbox"/> <b>Moderate Risk</b> Most medical patients: CHF, pneumonia, active Inflammation, advanced age, dehydration, varicose Veins, less than fully and independently ambulatory, Many other factors. All patients not in the Low or Highest Risk Categories.	<b>CHOOSE ONE PHARMACOLOGIC option</b> <input type="checkbox"/> Enoxaparin 40 mg subq every 24 hours <input type="checkbox"/> Heparin 5000 units subq every 8 hours <input type="checkbox"/> Heparin 5000 units subq every 12 hours (if weight < 50 kg or > 75 yrs) Also OPTIONAL <input type="checkbox"/> Sequential compression device	<input type="checkbox"/> <b>Highest Risk</b> Elective hip or knee arthroplasty; Acute spinal cord Injury with paresis; Multiple major trauma; Abdominal or pelvic surgery for CA	<b>CHOOSE ONE PHARMACOLOGIC option</b> <input type="checkbox"/> Enoxaparin 40 mg subq daily <input type="checkbox"/> Enoxaparin 30 mg subq every 12 hours <input type="checkbox"/> Arixtra 2.5 mg subq daily <input type="checkbox"/> Heparin 5000 units subq every 8 hrs (only if Creatinine clearance is < 30, SCR > 2) <b>AND</b> <input type="checkbox"/> Sequential compression device	
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		<b>15) Notify Physician of all critical lab values and:</b>							
		New temperature > 100.8							
		O2 sat < 90%							
		HR > 110 or < 45							
		BP < 90 Systolic or > 160 after pain relieved							
		RR > 30 or < 10							
		Major change in cardiac rhythm, heart block, or atrial fib/flutter							
		<b>16) Nursing Hold Parameters: Hold Beta blockers for HR &lt; 50, and</b>							
		SBP <input type="checkbox"/> < 90 <input type="checkbox"/> < 100 <input type="checkbox"/> < 110							
		<b>Hold</b> all other antihypertensives for:							
		SBP <input type="checkbox"/> < 90 <input type="checkbox"/> < 100 <input type="checkbox"/> < 110							
		MD Signature:							
		Date/Time:							



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