

NORTH VISTA ADMISSION ORDERS SYNCOPE

Admitting Physician: _____ **Date:** _____ **Time:** _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry Other _____

Diagnosis: Syncope of unknown etiology Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Cardiology: _____

Contacted: Neurology: _____

Other: _____

Allergies:

Code Status: Category I (full code) Category II

Vital Signs: Per unit protocol Every shift every _____ hours Other: _____
 Call for Temp greater than 101.5, SBP less than 100 or greater than 180, DBP less than 60 or greater than 100, RR greater than 28, HR less than 60 or greater than 120

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges

Nursing: Daily weight Intake & Output Foley to drainage
 Pulse oximetry every shift PRN
 Glucose checks AC and qHS or every _____ hrs (Note: every 6 hrs when patient NPO)
 Other: _____

Diet: Regular Mechanical soft Restrict fluid _____ Sodium restricted _____ mg
 Cardiac/Heart Healthy Diabetic (specify) _____ calorie Renal/Kidney
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock Flush every shift and PRN
 Other: _____

Respiratory: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 greater than 93% on RA.
 Ventl Mask _____ % FIO2 100% NRB
 Other: _____

Labs: Cardiac enzymes (CPK, CPK-MB, Troponin)
 BMP Now In AM CMP Now In AM
 Urine drug screen (if not done in ED) ESR ANA RPR
 Fasting lipid profile B12 UA CBC Now In AM
 Other Labs: _____



Studies: CXray: Portable PA/Lateral
 EKG Now (if not done in ED) PRN with chest pain or palpitations
 24hr Holter Monitor Echocardiogram CT Scan Brain With Contrast Without Contrast
 MRI Brain EEG Bilateral Carotid Doppler
 Other: _____


Emergency Physician Signature: _____ **Date:** _____ **Time:** _____

These are covering orders that are written to give the patient continuing treatment once admitted. The admitting Physician accepted this patient to his/her service and assumed care of the patient at the time these orders were completed. If the Admitting Physician does not sign the Physician's Order Sheet within 24 hours, Nursing will contact Admitting Physician and obtain an order to continue or stop the ER orders.

Admitting Physician Signature: _____ **Date:** _____ **Time:** _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 <p style="font-size: small;">1409 E Lake Mead Blvd North Las Vegas, NV 89030</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box)

- Aspirin 81mg chewable tablet PO daily
- Famotidine (Pepcid) 20mg IV PO twice daily
- Esomeprazole (Nexium) 40mg IV daily
- Omeprazole (Prilosec) 20mg PO daily
- Nicotine 21mg topical patch apply daily (for smokers)
- Lorazepam (Ativan) 0.5mg 1mg PO IV PRN every 6 hrs as needed for anxiety

Electrolyte Replacement (If BUN and Creatinine normal)

- KCl 20 mEq Rider IV over 4 hrs if K+ is 3.5-3.9
- KCl 40 mEq (2 x 20 mEq Riders) IV over 4 hrs if K+ less than 3.5
- Magnesium Sulfate 2 gm Rider IV over 2 hrs if MG+ less than 1.8
- Sodium Phosphate 10 mMol Rider IV over 8 hours if PO4 less than 2.5



Standard Medications:

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp > 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO qHS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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