

STANDING ADMISSION ORDERS DEEP VENOUS THROMBOSIS (DVT) _____ (location)

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

Admit to Inpatient: 3 West 4th floor Telemetry CCU 5th floor

Place in Observation Services: 3 West 4th floor Telemetry 5th floor _____

Diagnosis: Deep Venous Thrombosis Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Hematology: _____

Pulmonary: _____

Other: _____

Allergies:

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift Every _____ hours Telemetry/Cardiac Monitoring

Other: _____

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

Nursing: Daily weight Intake & Output Foley to drainage Glucose checks AC and qHS or every _____ hrs

Pulse oximeter Every shift

Twice a day

Continuous overnight monitor

Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid

Cardiac _____ cal ADA diet

Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr

Saline lock

Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 sat greater than 93 % on RA.

Venti Mask _____ % FIO2 100% NRB

Other: _____

Protocols (if available): All protocol orders must be placed in chart

Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Insulin Infusion Protocol (CCU patients only)

Labs: BMP CMP D-Dimer

TSH UA ABG Guaiac stool x 1 Guaiac stools daily

CBC now and every 3 days while on Heparin

Other Labs: _____

Studies: Chest Xray: Portable PA/Lateral

EKG

CT scan of chest with and without contrast

Venous Doppler

Venogram

VQ Scan

Other: _____

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:	



520 East 6th Street
 Odessa, Texas 79761
 (432) 582-8000

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								

Medications: (Check the appropriate box)

- Enoxaparin (Lovenox) 1mg/kg subcutaneous every 12 hrs (renal dosing)
- Warfarin (Coumadin) _____ mg PO daily. Start on date: _____
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting


Standard Medications: (all orders below will be implemented unless crossed out)


- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Additional Meds:

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