



Medicine General Admission Order Set

Admission

Admit to: Quinte 5 Dr. Bates, R
Diagnosis: Atrial fibrillation 70+ ACE Patient
Pre-existing Conditions: hypertension
Predicted Date of Discharge:
Allergies: NKA or No Known Allergies
Precautions: Contact Droplet Airborne Reason:
Code Status: Full Resuscitation Other:

Consults

Physician - Service:
CCAC - Reason: Patient Flow Coordinator - Reason:
Dietitian - Reason: PT - Reason: Assess and Treat
OT - Reason: Assess and Treat SLP - Reason: Assess and Treat
Palliative Care - Reason: SW - Reason:
Enterostomal Therapist - Reason: RRT - Reason: Assess and Treat
Pharmacist - Reason: Pharmacist - Medication Reconciliation
Stroke Resource Nurse - Reason:
Other: Reason:

Diet

NPO, medications with sips NPO, no PO medications
DAT Standard Diabetic Diet Cardiac Diet
Fluid Restricted mL/day Na Restricted mmol/day
Other PO Diet:
Med Pass Program (60 mL high protein drink QID) if not contraindicated (See associated document)

Activity

AAT Up and dressed Non weight bearing Partial weight bearing Full weight bearing
Other:

Vitals

Measured Height and Measured Weight on admission
Weigh daily and record
T, HR, RR, BP, SpO2 q4h x 24 hours, then QID x 24 hours, and then BID when stable

Neurovitals (*Neurovitals includes Glasgow Coma Scale, neurological assessment and vitals)

Neurovitals assessment q h
Neurovitals assessment q h x hours, then q h

Dr Bates Dr Bates March 30, 2020 0800
Physician/Practitioner Signature Print Name/Designation Date Time

Transcribed By: Designation Date Time
Checked By: Designation Date Time

Sent to Pharmacy Date Time



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Monitoring

- Telemetry for 2 days then MD to re-assess
May take telemetry off for shower
Intake and Output q 8 h x 48 hours

Tubes

NasoGastric Tube

- NG tube to straight drainage
NG tube to intermittent low suction
NG tube to continuous low suction

Urinary Catheter

- Insert urinary catheter to straight drainage Reason:

Respiratory

- O2 L/minute via nasal prongs OR
Titrate O2 and discontinue when SpO2 is 92% or greater on room air
Patients with known chronically elevated PaCO2, Titrate O2 to achieve a target SpO2 between 88 - 92%

IV Therapy

Ringer's Lactate with 40 mmol of KCl is no longer available

- 0.9% NaCl Ringers Lactate D5W 2/3 + 1/3 at mL/h
WITH 20 mmol KCl/L 40 mmol KCl/L
Saline Lock. Flush with 3 mL of 0.9% NaCl q12h and PRN

Lab Investigations (On admission if not already completed)

- CBC Na, K, Cl Creatinine Glucose Urea INR Ca Mg Lactate
Total Protein/Albumin AST, ALT, ALP, Total Bilirubin Amylase Routine Urinalysis Urine Culture
Blood Cultures if T greater than/equal to 38°C or if sepsis suspected
Additional Labs: Troponin, CK

Additional Lab Investigations

Daily for days

- CBC Na, K, Cl Creatinine Glucose Urea INR Ca Mg Amylase
HbA1c (one day only) AST, ALT, ALP, Total Bilirubin VBG

Capillary Blood Glucose Monitoring

- If diabetic, Capillary Blood Glucose monitoring as per Diabetes Management Order Sets
Capillary Blood Glucose (frequency)

Dr Bates Physician/Practitioner Signature
Dr Bates Print Name/Designation
March 30, 2020 Date
0800 Time

Transcribed By: Designation Date Time
Checked By: Designation Date Time

- Sent to Pharmacy Date Time



Medicine General Admission Order Set

Clinical Protocols

- Bowel Care Clinical Protocol, Nicotine Replacement Therapy Clinical Protocol, Hypoglycemia Management Clinical Protocol, Urinary Catheter Removal Clinical Protocol

Diagnostics (On admission if not already done in ER)

- CXR PA + Lateral - Reason: exploratory, CXR Portable - Reason: , CXR PA + Lateral in a.m. - Reason: , ECG daily X days, Other:

Anticoagulation

VTE Prophylaxis

Enoxaparin is preferred due to decreased risk of Heparin Induced Thrombocytopenia

Discontinue enoxaparin or heparin when patient started on Novel oral anticoagulants (rivaroxaban, dabigatran, apixaban) or for patients on warfarin when INR greater than 2

- No Pharmacological VTE Prophylaxis - Reason: Patient on therapeutic anticoagulation, Other: , Reassess VTE Prophylaxis daily if not ordered, Antiembolic stockings, If only Mechanical Prophylaxis ordered reassess daily for change to Pharmacological Prophylaxis, CBC prior to initiating therapy if not already ordered AND CBC day 1, 3, 7 and weekly while on therapy

Pharmacological Prophylaxis

- enoxaparin 30 mg Subcutaneous daily (for weight less than 40 kg), enoxaparin 40 mg Subcutaneous daily, enoxaparin 40 mg Subcutaneous BID (for weight greater than 100 kg), enoxaparin 30 mg Subcutaneous daily (for CrCl less than 30 mL/minute and weight less than or equal to 100 kg), enoxaparin 30 mg Subcutaneous BID (for CrCl less than 30 mL/minute and weight greater than 100 kg), heparin 5,000 units Subcutaneous q8h, heparin 5,000 units Subcutaneous q12h

Pain/Fever Management

max acetaminophen from all sources 4,000 mg in 24 hours

- acetaminophen 325 - 650 mg PO/NG/PR q4h PRN for pain or if T greater than/equal to 38°C, Other:

Additional Orders

Blank line for additional orders

Dr. Bates Physician/Practitioner Signature, Dr. Bates Print Name/Designation, March 30, 2016 Date, 0800 Time

Transcribed By: , Designation: , Date: , Time: , Checked By: , Designation: , Date: , Time:

Sent to Pharmacy Date: Time: