

Womens Health Services
ADMISSION ORDERS

Check box to initiate order

ALLERGIC: NO YES _____

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	Admit to:			Patient Weight: _____	
	Admit Date:				
	Admit DX:		<input type="checkbox"/>	Heparin 5000 units subcutaneously pre-op on admission	
	Please indicate level of care <input type="checkbox"/> inpatient <input type="checkbox"/> outpatient		<input type="checkbox"/>	Intravenous fluids: Type: _____ Rate: _____	
	Nursing:		<input type="checkbox"/>	Antibiotic not indicated	
	NPO				
	Vital Signs, height and weight on admission			IV Prophylactic antibiotics to be administered on induction:	
	Start IV as indicated by OR procedure		<input type="checkbox"/>	Cefazolin (Ancef®) 2 g IV x 1	
	EKG (>50 years old if not present on chart)			OR	
<input type="checkbox"/>	Apply sequential compression stockings		<input type="checkbox"/>	Clindamycin (Cleocin®) 600mg IV x 1	
	<input type="checkbox"/> with pump <input type="checkbox"/> without pump		<input type="checkbox"/>	AND	
				Tobramycin IV x 1	
	Pre-operative blood work			Must select dose based on patient's weight:	
<input type="checkbox"/>	Type and screen stat (if not present in chart on admit)		<input type="checkbox"/>	99lbs-142lbs (45kg to 64kg)=120 mg	
<input type="checkbox"/>	Type and cross stat (if not present in chart on admit)		<input type="checkbox"/>	143lbs-164lbs (65kg to 74kg)=140mg	
<input type="checkbox"/>	Urinalysis stat (if not present in chart on admit)		<input type="checkbox"/>	165lbs-186lbs (75kg to 84kg)=160mg	
<input type="checkbox"/>	Redraw the following:		<input type="checkbox"/>	187lbs-208lbs (85kg to 94 kg)=180mg	
	K+ if outside of normal parameters		<input type="checkbox"/>	209lbs-307lbs (95kg to 139kg)=200 mg	
	HCT <30		<input type="checkbox"/>	308lbs-363lbs (140kg to 165kg)=220mg	
	PT/INR if epidural needed				
	PT/INR if Coumadin recently discontinued in past 7 days				
<input type="checkbox"/>	Fingerstick blood glucose on all diabetic patients			For D & S procedure give oral antibiotic	
<input type="checkbox"/>	Urine HCG on admission, notify attending if positive result		<input type="checkbox"/>	Doxycycline 100 mg PO 1 hour pre op	
<input type="checkbox"/>	Consult pain service for epidural placement				

6804



PHYSICIAN'S ORDER FOR