



# PHYSICIAN'S ORDERS

Patient's weight \_\_\_\_\_ kg

**Drug allergies:**

Physician complete for each new patient

PENICILLIN     SULFA     ASA

No known allergies

Other drug (specify) \_\_\_\_\_

Processed

**NON-DRUG ORDERS**

Critical  
Care  
Use

Processed

**IV & DRUG ORDERS  
(Medication, dose, frequency and route)**

**ADMISSION TO HEART INSTITUTE**

1	Admit to Dr. _____				1 <input type="checkbox"/> ECASA _____ mg PO daily
2	Diagnosis: _____				2 <input type="checkbox"/> Clopidogrel _____ mg PO daily
3	On arrival to HI put patient on <input type="checkbox"/> ACS pathway <input type="checkbox"/> HF pathway				3 <input type="checkbox"/> IV Heparin <input type="checkbox"/> ACS/NSTEMI Orders <input type="checkbox"/> STEMI with Lytics Orders
4	Activity as tolerated				<b>OR</b>
5	Telemetry <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> SC Enoxaparin _____ mg (1 mg/kg) (max 100 mg) q12h
6	Vitals: <input type="checkbox"/> CCU Routine <input type="checkbox"/> Ward Routine				4 <input type="checkbox"/> Eptifibatide (Integrilin) Orders <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Diet: <input type="checkbox"/> HI Diet <input type="checkbox"/> Diabetic Diet <input type="checkbox"/> 2 gm sodium Diet <input type="checkbox"/> Fluid restrict _____ L/day <input type="checkbox"/> Other _____				5 <input type="checkbox"/> Nitroglycerin 0.3-0.4 mg SL q 5min PRN
8	IV Saline Lock				6 <input type="checkbox"/> Morphine 2 mg IV PRN (Maximum _____ mg/hr) for pain
9	Lab: CBC, platelets today; then _____ Na, K, Cl, Creat today, then _____ Fasting lipid profile within 24 hours of admission Fasting glucose and HbA1c within 24 hrs of admission. If pt a known diabetic <b>OR</b> fasting glucose results > 7.0 mmol/L or random glucose results > 11 then do capillary glucose monitoring (CBG) QID <input type="checkbox"/> INR/PTT <input type="checkbox"/> CK q8h x 3, Troponin T q8h x 2				7 <input type="checkbox"/> Dimenhydrinate 12.5-25 mg IV q 4h PRN for nausea and/or vomiting
10	CXR <input type="checkbox"/> Mobile <input type="checkbox"/> PA & Lat				8 <input type="checkbox"/> Betablocker _____ mg PO
11	ECG <input type="checkbox"/> in AM <input type="checkbox"/> Daily x 3 <input type="checkbox"/> as per chest pain protocol				9 <input type="checkbox"/> ACE Inhibitor _____ mg PO Daily
12	<input type="checkbox"/> Consult Smoking Cessation Program if patient smokes				10 <input type="checkbox"/> Statin (Lipid Lowering Agent) _____ mg PO Daily
					11 <input type="checkbox"/> Acetaminophen 325 mg <b>or</b> # _____ 1-2 tabs PO q 4h PRN
					12 <input type="checkbox"/> Docusate 100 mg PO BID
					13 <input type="checkbox"/> Laxative of choice PRN
					14 <input type="checkbox"/> Lorazepam 0.5-1 mg SL <b>or</b> PO q 8h PRN
					15 <input type="checkbox"/> O <sub>2</sub> by Titration Protocol
					16 <input type="checkbox"/> Other medications: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
					<b>CCU Orders Only</b>
					1 <input type="checkbox"/> IV Nitroglycerin 50 mg/250 mL D5W Start at _____ mcg/min & titrate to painfree and SBP _____ mm Hg

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's printed name: \_\_\_\_\_ Physician's signature: \_\_\_\_\_

Noted date: \_\_\_\_\_ Time: \_\_\_\_\_ Processed by: \_\_\_\_\_ RN's signature: \_\_\_\_\_

N - Noted    T - Transcribed to MAR    O - Ordered    Req - Requisition    *Always remove copy immediately beneath top copy.*