



**Admission Standard Orders**

**Deep Venous Thrombosis \_\_\_\_\_ (location)**

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Admit per Inpatient:** [ ] Med/Surg [ ] Telemetry [ ] ICU  
**Place in Observation Services:** [ ] Med/Surg [ ] Telemetry [ ] Other: \_\_\_\_\_  
**Diagnosis:** [ ] Deep Venous Thrombosis [ ] Other: \_\_\_\_\_  
**Condition:** [ ] Stable [ ] Guarded [ ] Critical [ ] Good [ ] Fair [ ] Poor  
**Consult:** [ ] Hematology: \_\_\_\_\_  
 [ ] Pulmonary: \_\_\_\_\_  
**Allergies:** [ ] Other: \_\_\_\_\_  
 [ ] \_\_\_\_\_

**Code Signs:** [ ] Full [ ] DNR

**Vital Signs:** [ ] Per unit protocol [ ] Every shift [ ] every \_\_\_\_\_ hours  
 [ ] Other: \_\_\_\_\_

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

**Nursing:** [ ] Daily weight [ ] Intake & Output  
 [ ] Foley to drainage  
 [ ] Pulse oximeter [ ] every shift [ ] twice a day [ ] Continuous overnight monitor  
 [ ] Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 [ ] Other: \_\_\_\_\_

**Diet:** [ ] Regular [ ] Mechanical soft [ ] Restrict fluid \_\_\_\_\_ [ ] Sodium restricted \_\_\_\_\_ mg  
 [ ] Cardiac/Heart Healthy [ ] Diabetic (specify) \_\_\_\_\_ calorie [ ] Renal/Kidney  
 [ ] NPO [ ] Full Liquid [ ] Clear Liquid [ ] 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 for DVT/PE (when patient placed on protocol, or Lovenox, all associated labs and monitoring is included)  
 [ ] Insulin Infusion Protocol (ICU 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:** [ ] CXR: [ ] 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: \_\_\_\_\_

 <b>Salt Lake Regional</b> <b>MEDICAL CENTER</b> 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

**Medications: (Check the appropriate box.)**

- Enoxaparin (Lovenox) 1.5 mg/kg/day
- 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
- 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 at bedtime 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 greater than 101F (not to exceed 4 grams per 24 hours)  
 Docusate sodium (Colace) 100 mg PO qHS  
 MOM 30 ml PO PRN constipation  
 Maalox 30 ml PO PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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:	

 <b>Salt Lake Regional</b> <b>MEDICAL CENTER</b> 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									