



ORDERS

**ADMISSION
ORDERS**

(items with check boxes must be selected to be ordered)

DATE: TIME:	ALLERGIES:	Noted by:
ADMIT TO MRP: _____		
DIAGNOSIS: _____		
DIET: <input type="checkbox"/> DAT <input type="checkbox"/> Diabetic Diet <input type="checkbox"/> Sodium restricted Other: _____		
ACTIVITY: AAT		
INVESTIGATIONS: On admission: <input type="checkbox"/> CBC <input type="checkbox"/> CHEM-7 <input type="checkbox"/> CHEM-ABDO <input type="checkbox"/> CHEM-RENAL <input type="checkbox"/> INR <input type="checkbox"/> Troponin <input type="checkbox"/> ECG <input type="checkbox"/> CXR <input type="checkbox"/> Troponin Q8H x 3 Daily: <input type="checkbox"/> CBC <input type="checkbox"/> CHEM-7 <input type="checkbox"/> INR Other: _____		
MONITORING: <input type="checkbox"/> Telemetry		
INTRA VENOUS: _____		
TREATMENTS: <input type="checkbox"/> Oxygen PRN to maintain saturation of at least 92%		
MEDICATIONS:		
VTE Prophylaxis: <input type="checkbox"/> Refer to VTE Risk Assessment And Prophylaxis Orders (VCH.CO.LGH.0022) Other Orders: <input type="checkbox"/> zopiclone 7.5 mg PO QHS PRN <input type="checkbox"/> acetaminophen 500 mg PO Q4H PRN <input type="checkbox"/> morphine 5 to 10 mg PO Q4H PRN <input type="checkbox"/> morphine 2 to 6 mg SUBCUT Q3H PRN <input type="checkbox"/> dimenhydrinate 50 mg PO / IV Q4H PRN <input type="checkbox"/> Laxative of Choice (Refer to PCG B-05)		
Printed Name _____	Signature _____	College ID _____ Pager/Cell _____