Basic Information
Name: ____________________________
Medical Record Number: ____________________________

Admission
Location: ☐ Floor ☐ Telemetry ☐ ICU ☐ CCU ☐ Other ____________________________
☐ If on EKG monitor, transport ☐ with monitor and nurse ☐ without monitor
Status: ☐ Inpatient ☐ Place in Observation ☐ Outpatient in a Bed

Attending: ____________________________
Notify of admission (not a consult), PCP: ____________________________
Other: ____________________________

Code Status
☐ Full Code
☐ DNR
☐ Do NOT Intubate
☐ Comfort Care Only
☐ Other ____________________________
☐ Advance medical directive completed (if not, consider completion): Advance medical directive completed
☐ Medical Power of Attorney: ____________________________

Condition
☐ Critical
☐ Guarded
☐ Stable
☐ Fair
☐ Good
☐ Other: ____________________________

Diagnosis
Atrial Fibrillation

General Information
Vital Signs:
☐ Routine
☐ Every
☐ Every _______ hours for the first _______ hours, then every _______ (x hours, shift)
☐ Every _______ hours
☐ Every shift
☐ Intake and Output
☐ Intake and output every shift
☐ Intake and output every _______ hours
☐ Neuro checks every _______ hours
☐ Weigh Daily
Initial height and weight

Allergies:
☐ No known Drug Allergies

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Common Food/Exposure Allergies
- Bee stings, reaction:  
- Cow milk, reaction:  
- Egg, reaction:  
- Fish, reaction:  
- Gluten, reaction:  
- Iodine, reaction:  
- Lactose, reaction:  
- Latex, reaction:  
- Peanuts, reaction:  
- Poison Ivy/Oak, reaction:  
- Radiocontrast dye, reaction:  
- Shellfish, reaction:  
- Tree nuts (walnuts, cashew, etc.), reaction:  

Common Medication Allergies
- Penicillins, reaction:  
- ACE inhibitors, reaction:  
- Aspirin, reaction:  
- Cephalosporins, reaction:  
- Ciprofloxacin, reaction:  
- Codeine, reaction:  
- Compazine, reaction:  
- Demerol (Meperidine), reaction:  
- Dilaudid, reaction:  
- Erythromycins, reaction:  
- Hydrocodone, reaction:  
- Ibuprofen, reaction:  
- Iodine, reaction:  
- Levaquin, reaction:  
- Macrodantin (Nitrofurantoin), reaction:  
- Macrolides, reaction:  
- Morphine, reaction:  
- Naprosyn (Naproxen), reaction:  
- NSAIDS, reaction:  
- Oxycodone, reaction:  
- Phenergan, reaction:  
- Quinolones, reaction:  
- Radiocontrast dye, reaction:  
- Steroids, reaction:  
- Sulfonamides, reaction:  
- Talwin, reaction:  

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- Toradol (Ketorolac), reaction: _____________
- Tylenol (Acetaminophen), reaction: _____________
- Ultram (Tramadol), reaction: _____________
- Other: __________________________________________________________

Diet:
- NPO☐ except medications with small sips of water
- NPO after _____________☐ except medications with small sips of water
- Regular
- Cardiac
- Diabetic _____________ calories per day
- Other: ________________________________

Activity:
- Ad lib
- Up with assistance
- Bed rest
- Bedside commode
- Bathroom privileges☐ with assistance
- Fall precautions
- Other: ________________________________

Intravenous fluids:
- None
- Saline lock
- Maintenance drip: Base fluid: _______ Rate: _______ mL/hour☐ until further order☐ for _______ liters then convert to saline lock.☐ Additives: ________________________________
- Add potassium chloride:☐ 10 mEq/L☐ 20 mEq/L☐ 40 mEq/L☐ Other:
- Other additives: ________________________________
- Bolus then maintenance drip: Bolus _______ mL of _______ over _______ minutes, then Base fluid: _______
  Rate: _______ mL/hour☐ until further order☐ for _______ liters then convert to saline lock.☐ Additives:
- Other: ________________________________

Oxygen/Respiratory Therapy
- Check pulse oximetry on admission on☐ Room air☐ Oxygen at ________________________________
- Recheck pulse oximetry☐ every shift☐ every _______ hours☐ Continuous
- Stop measurements if O2 saturation remains greater than 92% on room air for 2 measurements
- Oxygen at☐ _______ %☐ _______ L/minute☐ via nasal prongs (usually preferred)☐ via face mask☐ via non-rebreather mask
- Continuous pulse oximetry (usually only in unstable, respiratory failure, or sedated overdose patients, etc.)
- Oxygen titration: If oxygen saturation is less than 90% (COPD patients only, rest greater than or equal to 92%), begin nasal oxygen at _______ liters/minute, repeat pulse oximetry in 10 minutes, and titrate to saturation greater than or equal to 90/92%. Call if cannot achieve 90/92% with 4 liters/minute. Repeat pulse oximetry every 8 hours thereafter.

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Recheck on lower O2 if saturation is greater than 92% or until reach room air. Discontinue measurements if saturation remains greater than 92% on room air for 2 measurements.

☐ If oxygen saturation is less than 92%, call for orders
☐ Other respiratory therapy:

**Case Management Evaluation.** Expected LOS ___________________________ days

Expected disposition: ☐ Home with office follow up ☐ Home Health Care ☐ Rehabilitation Care Facility ☐ Extended Care Facility (e.g. Adult Home, Nursing Home, etc.) ☐ Other:

☐ Arrange Skilled Nursing Facility placement
☐ Arrange Long term Nursing Home placement
☐ Arrange Home Health
☐ Arrange: ___________________________

(usually 1 day for rate control strategy, 1-2 days for rhythm control strategy, unless complications)

**Catheters and Lines:**

**Request old records:**

---

**Hospital admission is certified necessary for the following reason(s):**

**I certify that the following required documentation diagnoses were present at the time of admission:** (if present, be sure to document situation clearly in the admission note)

☐ Preventable events (object left in at surgery, air embolism, blood products incompatibility)
☐ Pressure/decubitus ulcer
☐ Surgical site infection
☐ Catheter-associated infection
☐ Hospital-acquired injury or infection
☐ Poor diabetic control/DKA/NKH
☐ Thromboembolic disease
☐ None

**Laboratory Studies**

(Do on admission, unless otherwise specified)

**Hematology:**

☐ CBC

**Chemistry:**

☐ Metabolic profile: ☐ Basic ☐ Comprehensive
☐ Magnesium
☐ TSH and free T4
☐ Troponin I now (Atrial fibrillation is seldom sole manifestation of MI, do test only if other reason to suspect myocardial ischemia): Troponin I now if not already done in ER. Call result to physician if level elevated.

**Coagulation:**

☐ Prothrombin time
☐ aPTT
☐ Daily Prothrombin

**Other Labs:**

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☐ Tomorrow AM lab
  ☐ Tomorrow AM lab BMP in AM
  ☐ Tomorrow AM lab CBC in AM
  ☐ Tomorrow AM lab Prothrombin time/aPTT in AM
  ☐ Tomorrow AM lab Other ________________
☐ Other: ________________

Diagnostic Studies
☐ EKG, reason: ________________________________
☐ PA and Lateral Chest Xray, reason: ________________________________

☐ Portable Chest Xray, reason: ________________________________
☐ Transthoracic Echocardiogram with Doppler (in all patients with first episode of atrial fibrillation if transesophageal echo not done, both not needed)
☐ Transesophageal Echocardiogram: Consult Dr. ________________________________ for possible Transesophageal Echocardiogram (indicated in high embolic risk patients or in low embolic risk patients with atrial fibrillation of greater than 48 hours duration when early DC cardioversion approach pursued) Concern about cardioembolic stroke
☐ Stress Testing (indicated for evaluation of adequate rate control or when ischemic heart disease strongly suspected)
  ☐ Routine exercise stress test
  ☐ Cardiolyte exercise stress test
  ☐ Nuclear Myocardial Perfusion Test
  ☐ Other: ________________________________

Medications
Atrial Rate Control/Conversion Medications: (usually warrant continuous EKG monitor until control achieved)

IV Regimens
☐ Diltiazem (Cardizem) Bolus IV (Consider drip and/or oral agent to maintain control as below-not usually needed for first episodes): Diltiazem (Cardizem) Bolus IV ______ mg (usually 15-20mg/0.25 mg/kg) over 2 minutes (may rebolus once, if needed)
☐ Diltiazem (Cardizem) bolus and drip: initial bolus dose ______ mg (usually 15-20 mg/0.25 mg/kg) IV over 2 minutes. Repeat bolus dose after 15 minutes if the systolic BP remains greater than ______. Initial continuous infusion rate of ______ mg/hour; (usually 10 mg/hour, some patients may respond to an initial rate of 5 mg/hour) rate may be titrated in 5 mg/hour increments every 15 minutes as needed to maintain pulse of 70 to 110 per minute and systolic BP 100-120. Maximum dose up to 15 mg/hour. Once reach effective dose, monitor BP and heart rate every 15 minutes twice, then every 30 minutes twice, then every 2 hours until discontinued. (try to limit to less than 24 hours, then shift to PO)
☐ Diltiazem (Cardizem) PO (maintenance after IV): Diltiazem (Cardizem) ______ mg (usually 30-90 mg) PO ______ times a day (usually 4 times a day)
☐ Digoxin (Lanoxin) IV:
  ☐ Digoxin (Lanoxin) ______ mg IV (usually 0.5 mg) initial bolus
  ☐ Digoxin (Lanoxin) ______ mg IV every 6 hours after initial bolus times ______ (to complete loading, maximum total dose usually 0.75-1 mg)
  ☐ Digoxin (Lanoxin) ______ mg IV daily in AM. Hold if heart rate less ______ (usually 50-60) (adjust dose/interval for renal failure)
☐ Amiodarone (Cordarone)

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Amiodarone (Cordarone) ______ mg (usually 150 mg) IV bolus over 10 minutes, then ______ mg/minute (usually 1 mg/minute) for 6 hours, then ______ mg/minute (usually 0.5 mg/minute)

Shift to Amiodarone (Cordarone) ______ mg (usually 100-200 mg) PO ______ times a day after 18 hours (preferred to continued IV) Notify physician if patient develops heart block, bradycardia, hypotension, or heart failure. If digoxin level over 1.2 or INR over 3.0, notify physician to reconsider amiodarone therapy.

Other:

**Oral Regimens**

- Metoprolol (Lopressor) ______ mg PO every ______ hours (usually 25-50 mg PO every 12 hours)
- Atenolol (Tenormin) ______ mg PO every ______ hours (usually 25-50 mg PO every 12 hours, for CrCl 15-35 max 50 mg/day; for CrCl less than 15 max 25 mg/day)
- Verapamil (Calan) ______ mg PO every ______ hours (usually 80-120 mg PO every 8-12 hours)
- Digoxin (Lanoxin) PO:
  - Digoxin (Lanoxin) ______ mg PO (usually 0.5 mg) initial bolus
  - Digoxin (Lanoxin) ______ mg PO every 6 hours after initial bolus times ______ (to complete loading, maximum total dose usually 0.75-1 mg)
  - Digoxin (Lanoxin) ______ mg PO daily in AM. Hold if heart rate less than ______ (usually 50-60) (adjust dose/interval for renal failure)
- Amiodarone (Cordarone) ______ mg PO ______ times a day (usually 800-1600 mg/day divided into twice or three times per day, reduce to 200-600 mg/day once respond to load)

Other:

**Anticoagulation:**

- Heparin by weight protocol (see supplemental orders) (LMWH or Fondaparinux more effective, less difficult to give and monitor, and less costly for most indications)
- Enoxaparin (Lovenox) (avoid in dialysis patients or CrCl less than 10)
  - Enoxaparin (Lovenox) 1 mg/kg subcutaneously every 12 hours (normal interval)
    - CBC every day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
    - CBC every other day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
- Enoxaparin (Lovenox) 1 mg/kg subcutaneously every 24 hours (dosing interval for CrCl less than 30)
  - CBC every day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
  - CBC every other day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
- Warfarin (Coumadin): Pharmacy to dose after give initial dose of ______ mg (usually 5 mg, 4 mg in elderly) PO now
- Acetylsalicylic Acid (Aspirin) 325 mg PO daily
- Rivaroxaban (Xarelto)
  - Rivaroxaban (Xarelto) 20 mg PO daily (CrCl >50)
  - Rivaroxaban (Xarelto) 15 mg PO daily (CrCl 15-50)
- Apixaban (Eliquis)
  - Apixaban (Eliquis) 5 mg PO twice daily (usual dose)
  - Apixaban (Eliquis) 2.5 mg PO twice daily (age >80, weight <60kg, or Cr >1.5 mg/dL)
- Dabigatran (Pradaxa)
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☐ Dabigatran (Pradaxa) 150 mg PO twice daily (usual dose)
☐ Dabigatran (Pradaxa) 75 mg PO twice daily (CrCl 15-30)

☐ Anticoagulation contraindicated, reason:
  ☐ Anticoagulation contraindicated for bleeding risk increased or active bleeding
  ☐ Anticoagulation contraindicated for invasive procedure planned
  ☐ Anticoagulation contraindicated as giving or considering thrombolysis
  ☐ Anticoagulation contraindicated for patient refusal
  ☐ Anticoagulation contraindicated for other reason: ___________________________

☐ Other:

Bowel Management Protocol:
  ☐ Docusate Sodium (Colace) 100 mg PO twice daily scheduled for constipation prophylaxis (hold for loose stools)
  ☐ Milk of Magnesia (MOM) 30 mL PO daily as needed for constipation (do NOT give to dialysis patients)
  ☐ Bisacodyl (Dulcolax) 10 mg suppository 1 per rectum daily as needed for constipation if MOM not effective
  ☐ Senokot-S 2 tablets PO at bedtime. Hold for loose stools (preferred for patients on opioids)
  ☐ Other:

Gastric Prophylaxis:
  (only recommended as routine for patients with increased risk or in ICU as increases incidence of C diff and nosocomial pneumonia)
  ☐ Esomperazole (Nexium) 40 mg PO daily
  ☐ Esomperazole (Nexium) 40 mg IV daily
  ☐ Pantoprazole (Protonix) suspension (patients with NG/PEG tubes) Pantoprazole (Protonix) suspension 40 mg under tongue (or per tube if not on suction) at bedtime for gastric prophylaxis
  ☐ Famotidine (Pepcid) 40 mg PO daily at bedtime
  ☐ Sucralfate (Carafate) 1 gram PO four times a day (Use 1 gram in 10 mL H2O per NG tube four times a day flushed in with 30 ml H2O if has NG tube) for gastric prophylaxis
  ☐ Other:

Indigestion/Heartburn Medications:
  ☐ Maalox 30 mL PO four times a day as needed for heartburn. Hold and notify physician if loose stools.
  ☐ Famotidine (Pepcid) 40 mg PO daily at bedtime as needed for heartburn
  ☐ Esomperazole (Nexium) 40 mg PO once daily as needed for heartburn
  ☐ Other:

Nausea Medications:
  ☐ Promethazine (Phenergan)
    ☐ Promethazine (Phenergan) 12.5 mg PO (age 60 or more) every 4 hours as needed for nausea
    ☐ Promethazine (Phenergan) 25 mg PO (age less than 60) every 4 hours as needed for nausea
  ☐ Prochlorperazine (Compazine)
    ☐ Prochlorperazine (Compazine) PO 5 mg four times daily as needed for nausea
    ☐ Prochlorperazine (Compazine) PO 10 mg four times daily as needed for nausea
  ☐ Ondansetron (Zofran)
    ☐ Ondansetron (Zofran) 4 mg PO every 12 hours as needed for nausea
    ☐ Ondansetron (Zofran) 4 mg IV every 12 hours as needed for nausea
    ☐ Ondansetron (Zofran) 8 mg PO every 12 hours as needed for nausea

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Ondansetron (Zofran) 8 mg IV every 12 hours as needed for nausea

Sedation Medications:
- No sedative or anxiolytics medications (recommended for cirrhotic patients)
- Alprazolam (Xanax) 0.25 mg PO three times a day as needed for anxiety
- Lorazepam (Ativan)
  - Lorazepam (Ativan) 1 mg IV every 6 hours as needed for sedation
  - Lorazepam (Ativan) 1 mg IV every 8 hours as needed for sedation
  - Lorazepam (Ativan) 2 mg IV every 6 hours as needed for sedation
  - Lorazepam (Ativan) 2 mg IV every 8 hours as needed for sedation
- Haloperidol (Haldol) (IV requires ICU or PCU monitoring)
  - Haloperidol every 8 hours:
    - Haloperidol (Haldol) 0.5 mg IV every 8 hours
    - Haloperidol (Haldol) 1 mg IV every 8 hours
    - Haloperidol (Haldol) 2.5 mg IV every 8 hours
    - Haloperidol (Haldol) 5 mg IV every 8 hours
  - Haloperidol every 12 hours:
    - Haloperidol (Haldol) 0.5 mg IV every 12 hours
    - Haloperidol (Haldol) 1 mg IV every 12 hours
    - Haloperidol (Haldol) 2.5 mg IV every 12 hours
    - Haloperidol (Haldol) 5 mg IV every 12 hours
- Ziprasidone (Geodon)
  - Ziprasidone (Geodon) 10 mg IM every 6 hours as needed for agitation (maximum dose 40 mg in 24 hours)
  - Ziprasidone (Geodon) 20 mg IM every 6 hours as needed for agitation (maximum dose 40 mg in 24 hours)

Other:
Fever Medications:
- Acetaminophen (Tylenol) PO
  - Acetaminophen (Tylenol) 650 mg PO every 4 hours as needed for temperature greater than 100.5 F/38 C. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs
  - Acetaminophen (Tylenol) 650 mg PO every 6 hours X 48 hours for fever, scheduled, not PRN, start now. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs
- Acetaminophen (Tylenol) NG
  - Acetaminophen (Tylenol) 650 mg per NG tube every 4 hours as needed for temperature greater than 100.5 F/38 C. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs
  - Acetaminophen (Tylenol) 650 mg per NG tube every 6 hours X 48 hours for fever, scheduled, not PRN, start now. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs
- Acetaminophen (Tylenol) suppository
Acetaminophen (Tylenol) 650 mg suppository rectally every 4 hours as needed for temperature greater than 100.5 F/38 C. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

Acetaminophen (Tylenol) 650 mg suppository rectally every 6 hours X 48 hours for fever, scheduled, not PRN, start now. Limit acetaminophen total dose (scheduled plus PRN) to less than 3000 mg/24 hours. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

Other:

Pain Medications:

MILD PAIN (pain rating 1-3 on a scale of 1-10: annoying, little interference with activities of daily living)

- Acetaminophen (Tylenol) 500 mg 1 tab PO every 6 hours as needed for mild pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Acetaminophen (Tylenol) 325 mg 2 tabs PO every 6 hours as needed for mild pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Naproxen (Naprosyn) 375 mg PO every 12 hours as needed for mild pain. (try to avoid in cases of renal insufficiency)
- Ibuprofen (Motrin) 600 mg PO every 6 hours as needed for mild pain. (try to avoid in cases of renal insufficiency)
- Hydrocodone/Acetaminophen (Norco 5) 5/325 mg 1 tablet PO every 6 hours as needed for mild pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Hydrocodone/Acetaminophen Liquid 2.5/167 mg/5ml _____ ml PO every 6 hours as needed for mild pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

MODERATE PAIN (Pain rating 4-7 on a scale of 1-10: interfering significantly with activities of daily living)

- Naproxen (Naprosyn) 500 mg PO every 12 hours as needed for moderate pain. (try to avoid in cases of renal insufficiency)
- Ibuprofen (Motrin) 800 mg PO every 8 hours as needed for moderate pain. (try to avoid in cases of renal insufficiency)
- Tramadol (Ultram) _____ mg (usually 50-100 mg) PO _____ times a day. (usually 4 times a day, twice a day if CrCl less than 30)

Hydrocodone options: (Make only one selection when choosing a Hydrocodone medication for the moderate pain condition)

- Hydrocodone/Acetaminophen (Norco 5) 5/325 mg 1 tablet PO every 4 hours as needed for moderate pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Hydrocodone/Acetaminophen (Norco 7.5) 7.5/325 mg 1 tablet PO every 4 hours as needed for moderate pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Hydrocodone/Acetaminophen elixir (7.5/500 mg per 15 mL) _____ mL (usually 5-15 mL) PO every 4 hours as needed for moderate pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000
mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Hydrocodone ______ mg (usually 15-60 mg to start, titrate) PO every 6 hours as needed for moderate pain. (usually given with aspirin or acetaminophen or other NSAID)

**Oxycodone options:** *(Make only one selection when choosing an Oxycodone product for the moderate pain condition)*

☐ Oxycodone/Acetaminophen (Percocet) 5/325 mg 1 tab PO every 6 hours as needed for moderate pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Oxycodone ______ mg (usually 5-10 mg to start, titrate) PO every 6 hours as needed for moderate pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

**Morphine options:** *(Make only one selection when choosing a morphine product)*

☐ Morphine ______ mg (usually 2-4 mg) IV every ______ hours (usually 4 hours) as needed for moderate pain.

☐ Morphine ______ mg (usually 2-4 mg) IM every ______ hours (usually 4 hours) as needed for moderate pain.

☐ Morphine Immediate-release ______ mg PO every 4 hours as needed for moderate pain.

☐ Morphine Sulfate 12 hour continuous release ______ mg PO every 12 hours as needed for moderate pain.

☐ Morphine Sulfate 12 hour continuous release ______ mg PO every 12 hours scheduled

☐ Other:

☐ SEVERE PAIN (Pain rating 8-10 on a scale of 1-10: incapacitating)

**Hydrocodone/Acetaminophen options:** *(Make only one selection when choosing a Hydrocodone medication for the severe pain condition)*

☐ Hydrocodone/Acetaminophen (Norco 5) 5/325 mg 1 tablet PO every 4 hours as needed for severe pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Hydrocodone/Acetaminophen (Norco 7.5) 7.5/325 mg 1 tablet PO every 4 hours as needed for severe pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Hydrocodone/Acetaminophen (Norco 10) 10/325 mg 1 tablet PO every 4 hours as needed for severe pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Hydrocodone/Acetaminophen elixir (7.5/500 mg per 15 mL) ______ mL (usually 5-15 mL) PO every 4 hours as needed for severe pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.

☐ Hydrocodone ______ mg (usually 5-10 mg to start, titrate) PO every 6 hours as needed for severe pain. (usually given with aspirin or acetaminophen or other NSAID)
Oxycodone options: (Make only one selection when choosing an Oxycodone product for the severe pain condition)

- Oxycodone/Acetaminophen (Percocet) 5/325 mg 2 tabs PO every 6 hours as needed for severe pain. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients. For Hepatic disease patients limit acetaminophen total dose (scheduled plus PRN) to 2000 mg/24hrs.
- Oxycodone ______ mg (usually 5-10 mg to start, titrate) PO every 6 hours as needed for severe pain.

Morphine options: (Make only one selection when choosing a Morphine product)

- Morphine ______ mg (usually 2-4 mg) IV every ______ hours (usually 4 hours) as needed for severe pain. Call for oral agent when taking liquids PO.
- Morphine ______ mg (usually 2-4 mg) IM every ______ hours (usually 4 hours) as needed for severe pain. Call for oral agent when taking liquids PO.
- Morphine Immediate-release ______ mg PO every 4 hours as needed for severe pain.
- Morphine Sulfate 12 hour continuous release ______ mg PO every 12 hours as needed for severe pain.
- Morphine Sulfate 12 hour continuous release ______ mg PO every 12 hours scheduled
- Immediate-release Morphine Sulfate ______ mg (usually 10-30 mg) PO scheduled every 4 hours for maintenance dose, plus ______ mg (usually 2-10 mg, or 1/4-1/8 of maintenance dose) PO every hour as needed for breakthrough pain. (Opioid naive: estimate starting doses based on size, age, etc. Significant prior exposure: calculate starting dose using equianalgesic table based on previous 24-hours use, divide by 6 for every 4 hour dosing.) Monitor every hour for adequacy of pain relief and sedative side effects (do not confuse sleep-deprivation driven sleep) using the pain scale, titrate to full relief every 24 hours based on 1/8 of previous day's total dose (rounded to nearest 5 mg) given as maintenance dose and 1/4-1/8 of new maintenance dose as new breakthrough dose (again rounded to nearest 5 mg.) (Convert to extended-release preparation for maintenance dose when stable dosing achieved, but continue immediate-release preparation for breakthrough needs.)
- Morphine Sulfate IV Titration (Quickest relief for severe acute pain. Use pain scale to objectively assess severity of pain and relief): Morphine Sulfate ______ mg IV. (Choose dose based on prior use, size, risk factors.) Double dose every 10 minutes until begin to see an objective decrease in pain scale (not total relief). As soon as see an effect, call for next dose decision based on degree of reduction in pain/any sedation side effect. When achieve pain relief, calculate loading dose (sum of above), give 1/8 of that rounded to nearest mg as maintenance dose every 4 hours. Allow boluses of 1/6 of the maintenance dose (rounded to nearest mg) every 10 minutes for breakthrough. Check for respiratory depression every 1-2 hours (do not confuse sleep-deprivation-driven sleep). Reassess pain control every 3-4 hours and call if further adjustment appears indicated. Call after 24 hours to consider shift to oral agent using the equianalgesic table.
- PCA Morphine sulfate: dose per actuation ______ mg with ______ minute lockout. Maximum infusion ______ mg/hour. Call for inadequate relief or sedation. Call for oral agent when taking liquids PO.

Hydromorphone options: (Make only one selection when choosing a Hydromorphone product. Do not select if Morphine has already been ordered)

- Hydromorphone (Dilaudid) ______ mg (usually 1-2 mg) IV every ______ hours (usually 4 hours) as needed for severe pain.
- Hydromorphone (Dilaudid) PCA ______ mg per actuation (usually 0.05-0.5 mg) with ______ minute (usually 5-15) lockout. Maximum infusion ______ mg/hour. Call for adequate relief or sedation. Call for oral agent when taking liquids PO.

Fentanyl options: (Make only one selection when choosing a Fentanyl product)

- Fentanyl (Sublimaze) ______ micrograms IV (usually 50-100 micrograms) every 1-2 hours as needed for pain.
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☐ Fentanyl patch (Duragesic) (slow onset relief, use only for less urgent pain, or convert to this once narcotic needs known, helpful if cannot take PO meds) ______ micrograms/hour (12.5, 25, 50, 75, or 100-no greater than 25 in opioid naive) to skin at a different site every 3 days.

☐ Fentanyl PCA (usually reserved for patients intolerant of opioids) ______ micrograms (usually 10-50 micrograms) IV per actuation with ______ minute (usually 5-8 minute) lockout. Maximum infusion ______ micrograms/hour. (usually 200 or less) Call for inadequate relief or sedation. Call for oral agent when taking liquids PO.

☐ Other:

☐ ADJUVANT MEDICATIONS FOR INFLAMMATORY/EDEMA COMPONENT OF PAIN (adjuvants helpful to decrease narcotic needs)

☐ Acetaminophen (Tylenol)
   - Acetaminophen (Tylenol) 650 mg PO scheduled 4 times a day. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients.
   - Acetaminophen (Tylenol) 650 mg per NG tube scheduled 4 times a day. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients.
   - Acetaminophen (Tylenol) 650 mg via rectal suppository scheduled 4 times a day. Limit acetaminophen total dose (scheduled plus PRN) to less than 4000 mg/24 hours for stroke patients.

☐ NSAID orally: agent ______ dose ______ mg, frequency ______ (avoid if invasive therapy considered)

☐ Ketorolac (Toradol) ______ mg (usually 30 mg, 15 mg if age over 65) PO every ______ hours. (usually every 6 hours, adjust for renal function) Maximum duration of therapy is 48 hours. (avoid if invasive therapy considered)

☐ Ketorolac (Toradol) ______ mg (usually 30 mg, 15 mg if age over 65) IV every ______ hours. (usually every 6 hours, adjust for renal function) Maximum duration of therapy is 48 hours. (avoid if invasive therapy considered)

☐ Decadron ______ mg (usually 4-10 mg) IV every ______ hours (usually every 6 hours)

☐ Prednisone ______ mg (usually 10-20 mg) PO ______ (usually three times a day) with meals

☐ Other:

☐ ADJUVANT MEDICATIONS FOR NEUROPATHIC PAIN

☐ Gabapentin (Neurontin) ______ mg (usually 300 or 600 mg) PO ______ times a day (3 times a day for normal renal function; adjust for renal function, CrCl 30 - 59 = every 12 hours, CrCl < 30 = every 24 hours)

☐ Amitriptyline (Elavil) ______ mg (usually 0.5-2.0 mg/kg initially. May titrate to max of 150mg/day) PO at bedtime

☐ Citalopram (Celexa) ______ mg (usually 20-40 mg) PO daily

☐ Duloxetine (Cymbalta) 60 mg PO daily

☐ Other:

☐ ADJUVANT MEDICATIONS FOR ANXIETY COMPONENT OF PAIN

☐ Diazepam (Valium) ______ mg (usually 2-10 mg) PO four times a day as needed for anxiety

☐ Hydroxyzine (Vistaril)
   - Hydroxyzine (Vistaril) ______ mg PO (usually 50-100 mg) every 6 hours as needed for anxiety
   - Hydroxyzine (Vistaril) ______ mg IM (usually 25-50 mg) every 6 hours as needed for anxiety

☐ Haloperidol (Haldol)
   - Haloperidol (Haldol) ______ mg PO (usually 0.5-5 mg) every ______ hours.
   - Haloperidol (Haldol) ______ mg IV (usually 0.5-5 mg) every ______ hours.
   - Haloperidol (Haldol) ______ mg IM (usually 0.5-5 mg) every ______ hours.

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ADJUVANT MEDICATIONS FOR DEPRESSION COMPONENT OF PAIN (do not reorder if already ordered under Neuropathic section above)

- Amitriptyline (Elavil) ______ mg (usually 50-150 mg) PO at bedtime
- Citalopram (Celexa) ______ mg (usually 20-40 mg) PO daily
- Duloxetine (Cymbalta) 60 mg PO daily
- Other:

Other Medications: (Include all home meds being continued with dose, route, frequency)

DVT Prophylaxis: (CONSIDER IN ALL PATIENTS, esp. if advanced age/debility, previous VTE, heart failure, severe respiratory disease, sepsis, acute neurologic disease, inflammatory bowel disease or cancer)

(Consider if not choosing to anticoagulate fully)

- Enoxaparin (Lovenox) (usual dose): Enoxaparin (Lovenox) 40 mg subcutaneously daily for DVT prophylaxis. (avoid in pork allergy, prior HIT, hemodialysis patients or CrCl less than 10, weight less than 45 kg in women or 57 kg in men)
  - CBC every day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
  - CBC every other day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.

- Enoxaparin (Lovenox) (renal dose, CrCl less than 30, avoid in hemodialysis patients or CrCl less than 10): Enoxaparin (Lovenox) 30 mg subcutaneously daily for DVT prophylaxis. (avoid in pork allergy, prior HIT, hemodialysis patients or CrCl less than 10, weight less than 45 kg in women or 57 kg in men)
  - CBC every day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
  - CBC every other day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.

- Enoxaparin (Lovenox) (Body Mass Index greater than 30): Enoxaparin (Lovenox) 30 mg subcutaneously every 12 hours for DVT prophylaxis. (avoid in pork allergy, prior HIT, hemodialysis patients or CrCl less than 10, weight less than 45 kg in women or 57 kg in men)
  - CBC every day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.
  - CBC every other day while on enoxaparin. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.

- Fondaparinux (Arixtra) subcutaneously (more expensive, usually reserved for patients with high risk of heparin-induced Thrombocytopenia, use contraindicated if CrCl less than 30): Fondaparinux (Arixtra) 2.5 mg subcutaneously daily for DVT prophylaxis.

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CBC every day while on fondaparinux. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.

CBC every other day while on fondaparinux. Call physician if platelet count is less than 100,000 per microL or falls by 50%, or if Hemoglobin decreases by greater than 2 grams or there is evidence of active bleeding.

Pharmacologic DVT prophylaxis contraindicated, reason:
- Pharmacologic DVT prophylaxis contraindicated as giving thrombolysis or active anticoagulation
- Pharmacologic DVT prophylaxis contraindicated for bleeding risk increased or active bleeding
- Pharmacologic DVT prophylaxis contraindicated for invasive procedure planned
- Pharmacologic DVT prophylaxis contraindicated for prior history of Heparin Induced Thrombocytopenia
- Pharmacologic DVT prophylaxis contraindicated for patient refusal
- Pharmacologic DVT prophylaxis contraindicated for other reason: ________________

Bilateral graduated compression stockings [ ] knee high [ ] thigh high (thigh high has lower incidence of proximal vein thrombosis)

Intermittent pneumatic compression bilaterally with sequential compression device (avoid if acute DVT, gangrene or peripheral arterial disease, recent skin graft to the area, cellulitis or leg ulcer/skin wounds in the area, or massive edema/deformity)

Other:

Sleep Medications:
- Zolpidem (Ambien)
  - Zolpidem (Ambien) 2.5 mg (1/2 of 5 mg tablet) PO every night as needed for sleep
  - Zolpidem (Ambien) 5 mg PO every night as needed for sleep
  - Zolpidem (Ambien) 10 mg PO every night as needed for sleep
- Temazepam (Restoril)
  - Temazepam (Restoril) 15 mg PO every night as needed for sleep
  - Temazepam (Restoril) 30 mg PO every night as needed for sleep

Other:

Probiotics: (consider in all patients on antibiotics as prophylaxis against diarrhea/C. diff and in infectious or antibiotic associated diarrhea to shorten duration of illness)
- Activia 4 ounces PO twice daily for antibiotic diarrhea prophylaxis
- Lactobacillus capsules (Lacto-Triblend 600, or equivalent) Lactobacillus 1 capsule PO every 12 hours for antibiotic diarrhea prophylaxis

Other:

Consultation
- Cardiologist: Dr. __________________________ reason: __________________________
- Dr.: __________________________ reason: __________________________
- Dr.: __________________________ reason: __________________________
- Other: __________________________ reason: __________________________

Rehabilitation
- Physical Therapy consultation: (may be contraindicated in patients on anticoagulants)
  - Assess debility and home care needs. Assist in ambulation of patient to maintain strength and prepare for discharge
  - Evaluate and treat, diagnosis/site for therapy: __________________________
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☐ Limitations (if any known):

☐ Specific Impairments to address:
  ☐ Balance
  ☐ Mobility (bed, transfers, gait)
  ☐ Joint mobility
  ☐ Strength/motor function
  ☐ Activity intolerance
  ☐ Safety judgment/awareness/precautions
  ☐ Open wound (whirlpool, pulse lavage)
  ☐ Pain/sensation
  ☐ Lymphedema

☐ Specific Treatment requested: (if need to specify, otherwise PT will decide)
  ☐ Passive range of motion
  ☐ Active assisted range of motion
  ☐ Active range of motion
  ☐ Phonophoresis/iontophoresis
  ☐ TENS
  ☐ Edema control
  ☐ Therapeutic exercises
  ☐ Strengthening
  ☐ Moist heat
  ☐ Vasopneumatic
  ☐ Massage
  ☐ Ultrasound
  ☐ Stretching/flexibility/distraction
  ☐ Electrical stimulation
  ☐ Gait training
  ☐ Weight bearing status
    ____________________________ (full, partial percentage, non-weight bearing, as tolerated, etc.)
  ☐ Functional training
    ____________________________ (bed mobility, sit to stand, stairs, inclines, curbs)
  ☐ Transfer training
    ____________________________ (sliding board, stand pivot)
  ☐ Home program instruction
  ☐ Wheelchair fitting and training
  ☐ PRE (progressive resisted exercises), PNF (proprioceptive neuromuscular facilitation), plyometrics
  ☐ Shoulder rehab
    ☐ Rotator cuff program

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- No active abduction
- No thumb down exercise
- Adhesive capsulitis: Manual gleno-humeral joint mobilization
- Scapular exercise
  - Emphasize serratus and infraspinatus exercise
  - Kibler integrated exercises
  - Thrower’s ten rehabilitation
- Elbow rehab
  - Tennis elbow program
  - Instability
- Wrist rehab
- Back rehab
  - Posture and body mechanics
- Hip rehab
- Knee rehab
  - Short arc quad sets
  - Patella mobilization
- Ankle rehab
  - Proprioception/balance
  - Peroneal/eversion strength

- Occupational Therapy consultation:
  - Evaluate and Treat, diagnosis/site for therapy:

- Limitations (if any known):

- Specific Impairments to address:
  - Energy conservation/endurance
  - Perceptual/visual
  - Strength/motor function
  - Cognition/safety awareness
  - Mobility (bed, transfers)
  - Activities of daily living (improve independence)
  - Splinting/joint integrity/joint mobility

- Occupational Therapy consultation:
  - Evaluate and Treat, diagnosis/site for therapy:

- Speech Therapy consultation:
  - Evaluate and Treat, diagnosis/site for therapy:

- Limitations (if known):

- Specific Impairments to address:
  - Dysphagia
  - Okay to proceed with Modified Barium Swallow if indicated.
Cognition/integrated language
Aphasia
Dysarthria
Voice impairment
Apraxia of speech

Other Orders
(Do NOT put medications in this section.)
- Smoking Cessation Education
- Smoking Cessation Education not necessary as patient is a non-smoker