



**CEDARS-SINAI MEDICAL CENTER.**  
MEDICAL - SURGICAL

**ADMISSION ORDERS**

Nursing Office Fax # (310) 423-3332

PATIENT I.D.

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. **Admit as:**     Inpatient             Observation             Outpatient
2. **Level of Care:**     Non-monitored             Monitored             ICU
3. **Primary Attending:** \_\_\_\_\_ Other Attending: \_\_\_\_\_  
H&P done by:     Primary Attending            \_\_\_\_\_ Job # \_\_\_\_\_
4. **Teaching Service:**     No             Yes, Team: \_\_\_\_\_
5. **Admitting Diagnosis:** \_\_\_\_\_
6. **Allergies**     NKA    Drugs causing rash / hives: \_\_\_\_\_  
Anaphylaxis: \_\_\_\_\_ Other Reactions: \_\_\_\_\_  
Drug Intolerance (e.g., nausea/vomiting): \_\_\_\_\_
7. **Vital Signs:**     per routine     q4h     q \_\_\_\_\_ h             Orthostatic VS q \_\_\_\_\_ h  
 Call physician for: T > 101°F, Systolic BP < 100 or > 160 mm Hg, HR > 120 BPM,  
urine output < 250 cc / 8 hrs, or UNCONTROLLED nausea / vomiting  
 Strict I & O             Daily weights \_\_\_\_\_
8. **Activity:**     No Restrictions             Ambulate with Assistance x \_\_\_\_\_ / daily             Fall precautions  
 Up in Chair x \_\_\_\_\_ / Day     Bathroom Privileges             Bedside Commode             Bedrest  
 Pt may Shower \_\_\_\_\_
9. **Diet:**     NPO     NPO except meds             Clear liquid diet             Regular diet             ADA diet             Kosher  
\_\_\_\_\_ calorie/day            \_\_\_\_\_ grams sodium             Fluid restriction \_\_\_\_\_  
Other: \_\_\_\_\_             Dietitian Consult
10. **IV's:**     Hepacath with Routine Flush \_\_\_\_\_ @ \_\_\_\_\_ cc / hour
11. **Tubes / Drains:**     Foley to gravity drainage  
 Insert NG tube             CXR for NG placement (if not done)  
Connect NG to low     intermittent             continuous suction             Irrigate NG q4h with 10-20 cc water
12. **VTE Prophylaxis:**    *Please order heparin if indicated (recommendations listed):*  
**Low VTE risk:**            No Heparin.            Early ambulation, when appropriate.  
**Moderate VTE risk:**     Heparin 5000 units SQ BID            Additional Prophylaxis:     SCDs, while in bed  
**High VTE risk:**             Heparin 5000 units SQ TID            Additional Prophylaxis:     SCDs, while in bed  
**HIGH RISK FOR BLEEDING:**    No Heparin             SCDs, while in bed

<input type="checkbox"/> TELEPHONE ORDER		<b>R.N.</b>	DATE	TIME
PHYSICIAN I.D. NUMBER	SIGNATURE OF PHYSICIAN	<b>M.D.</b>	DATE	TIME
SIGNATURE OF TRANSCRIBER	INIT.	TITLE	DATE	TIME
		SIGNATURE OF NURSE (NOTED)	DATE	TIME
		<b>R.N.</b>		



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**13. Medications:**

**A. Parenteral Pain Management** (Use if patient is unable to take oral pain medication):

See separate PCA Order Sheet or PCEA Order Sheet.

Administer:  Morphine  Dilaudid (Hydromorphone)  \_\_\_\_\_

\_\_\_\_\_ mg  SC  IV every \_\_\_\_\_ hour(s) PRN **Severe** pain (pain score: 7-10)

\_\_\_\_\_ mg  SC  IV every \_\_\_\_\_ hour(s) PRN **Moderate** pain (pain score: 4-6)

\_\_\_\_\_ mg  SC  IV every \_\_\_\_\_ hour(s) PRN **Mild** pain (pain score: 1-3)

**Other:** \_\_\_\_\_

**B. Oral Pain Medication** (Use if patient is able to take oral pain medication):

Tylenol ES (Acetaminophen\* 500 mg) 2 tabs (1000 mg) PO every 6 hours PRN Headache or **Mild** pain

Vicodin (Hydrocodone 5 mg + Acetaminophen\* 500 mg) 1 tab PO every 4 hours PRN **Moderate** pain

Lortab HP 10 / 500 (Hydrocodone 10 mg + Acetaminophen\* 500 mg) 1 tab PO every 4 hours PRN **Severe** pain

\_\_\_\_\_ PO every \_\_\_\_\_ hours PRN pain

**\*No greater than 4 grams Acetaminophen / day from all sources**

**16. Insulin:**  Regular  Lispro \_\_\_\_\_

Check glucose (e.g, finger stick) and administer insulin SQ:  AC and HS  AC every \_\_\_\_\_ hrs

<b>Blood Glucose</b>	<input type="checkbox"/> <b>Units of Insulin</b> (mg/dL)	<input type="checkbox"/> <b>Units of Insulin</b> (mg/dL)
≤ 70	Hypoglycemia Protocol and CALL MD	Hypoglycemia Protocol <input type="checkbox"/> and CALL MD
71-130	No insulin	No insulin
131-150	1	_____ units
151-200	2	_____ units
201-250	4	_____ units
251-300	6	_____ units
301-350	8	_____ units <input type="checkbox"/> and CALL MD
351-400	10	_____ units <input type="checkbox"/> and CALL MD
≥ 401	12 and CALL MD	_____ units <input type="checkbox"/> and CALL MD

**17. Antibiotics:**  Treatment Other justification: \_\_\_\_\_

- \_\_\_\_\_  IVPB  PO q \_\_\_\_\_ h x \_\_\_\_\_ doses
- \_\_\_\_\_  IVPB  PO q \_\_\_\_\_ h x \_\_\_\_\_ doses
- \_\_\_\_\_  IVPB  PO q \_\_\_\_\_ h x \_\_\_\_\_ doses

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