**INFIRMARY/EXTENDED OBSERVATION UNIT ADMISSION ORDERS**

- **Date:** ________________  
- **Time:** ________________  
- **Facility:** ________________

Admit to [ ] Infirmary  [ ] EOU for:  [ ] Skilled care  [ ] Observation  [ ] Long-term care  [ ] Housing

Admitting diagnosis: ____________________________________________

Condition:  [ ] Stable  [ ] Good  [ ] Fair  [ ] Guarded  [ ] Critical

- **Code status:** [ ] Full code  [ ] Do Not Resuscitate  [ ] See POLST
- **Vitals:** [ ] Routine  [ ] Every shift  [ ] Every 4 hours

Parameters for notifying practitioner on call:

- **SBP <95 or >150 or other:** __________
- **HR <60 or >100:** __________
- **RR <12 or >20:** __________
- **T >100.4 or other:** __________  
- **O2 sat <95% or other:** __________
- **Pain:** __________
- **Fasting BG <70 or >130 or other:** __________
- **Random BG <70 or >180 or other:** __________

Activity:  [ ] Up ad lib  [ ] Bed rest with bathroom privileges (BRP)  [ ] Other: ____________________________

- **Ambulate 3 times daily:** __________
- **Check O2 Sat every ________ hours:** __________
- **Oxygen per nasal cannula, ________ liters per minute; titrate to keep O2 Sat at >92%:** __________
- **Check weight:** [ ] Daily  [ ] Weekly  [ ] Monthly
- **Intake & Output:** [ ] Every shift with totals  [ ] Other: ____________________________

- **Diet:** [ ] NPO  [ ] Regular  [ ] Metabolic  [ ] Soft  [ ] Full liquid  [ ] Other: ____________________________

Allergies: ____________________________________________

Labs:  [ ] Stat  [ ] Routine  [ ] Peak/Trough: __________

- **CMP:** __________
- **CBC:** __________
- **CBC with diff:** __________
- **Blood glucose:** __________  

Studies:  [ ] EKG  [ ] Chest x-ray  [ ] Other: ____________________________

- **IV fluids:** __________

**PRN Medications**  [ ] CIPS Medication Summary attached

- **Acetaminophen 325 mg, 1 to 2 tablets by mouth every 4 hours as needed for pain or fever x 1 week. DO NOT exceed:** [ ] 2 g per 24 hours (chronic liver disease)  [ ] 4 g per 24 hours.

- **Ibuprofen 400 mg _____ tablets by mouth every _____ hours as needed for pain or fever for _______ days:** __________

- **Diphenhydramine 25 mg, 1 to 2 capsules by mouth every 6 hours as needed for medication therapy side effects for 1 week:** __________

- **Promethazine:** [ ] 25 mg suppository per rectum every 4 hours as needed for nausea and vomiting x 1 week  [ ] OR

  - **25 mg tablet by mouth every 4 hours as needed for nausea and vomiting x 1 week:** __________

- **Maalox, 30 cc by mouth 3 times per day as needed for stomach upset x 1 week:** __________

- **Docusate 100 mg, 1 capsule by mouth every 12 hours as needed for constipation x 1 week:** __________

- **Bisacodyl 10 mg suppository, 1 per rectum every 12 hours as needed for constipation x 1 week:** __________

**Additional non-medication orders:**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Practitioner Signature and Stamp**

Orders noted ____________________________

**Nurse Signature and Stamp**

Date: ________________  
Time: ________________

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.