



PATIENT I.D. DATA:
(Name, DOC#, DOB)

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: _____

O2 sat <95% or other: _____

HR <60 or >100 _____

Pain _____

RR <12 or >20 _____

Fasting BG <70 or >130 or other: _____

T >100.4 or other: _____

Random BG <70 or >180 or other: _____

Activity: Up ad lib Bed rest with bathroom privileges (BRP)
 Ambulate 3 times daily Other: _____

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 _____

Diet: NPO Regular Metabolic Soft Full liquid _____

Allergies: _____

Labs: Stat Routine Peak/Trough: _____

CMP CBC CBC with diff

Blood glucose: _____ _____

Studies: EKG Chest x-ray _____

IV fluids: _____

Additional non-medication orders on following 13-011 Infirmary/Extended Observation Unit Orders

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

Consider venous thromboembolism prophylaxis. If needed, write an appropriate order.

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.