

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER

INTERNAL MEDICINE / GENERAL SURGERY
ADMISSION ORDERS

Date _____ Time _____

- Admit to inpatient Medicine Admit to inpatient Surgery
 Regular floor ICU IMCU Observation

Attending: _____ Resident: _____

Diagnosis: _____

Allergies/Reactions: _____

Vital Signs: _____

Condition: _____

Diet: NPO Sips H2O with meds only Dietitian referral
 Other _____

Activity: _____

IV: _____

Labs/Studies: _____

Nursing: I&O Foley to gravity drainage
 Call MD for Temp > 101.5°; BP systolic >180 or <90; Pulse >120 or < 60; RR >20 or <10.

Dressing Change: _____

DVT prophylaxis:
 Heparin 5,000 units SC q 12 hours Ted hose SCD

Strongly consider for high risk medical patients with no contraindications including patients with myocardial infarction, congestive heart failure, cancer, stroke, prior DVT, or critical illness. If patient bleeding, sequential pneumatic compression device is an alternative. Lovenox 40 mg SC q 24 hr is an alternative.

Smoking cessation: Most smokers are able to discontinue smoking in the hospital with no particular problem.

For those experiencing withdrawal or fear of withdrawal:

Transdermal nicotine patch/day: 7 mg 14 mg 21 mg Change patch and site daily.

Start and document patient education: Smoking cessation CAD CHF DM
 Asthma Ostomy Wound care Other: _____

Drug and/or alcohol counseling

Discharge planning issues:

Homeless Lives alone SNF Home health PT OT Speech

PT referral: Freq/Duration _____ **OT** referral: Freq/Duration _____ **Speech Therapy** referral

Pain Management: Tylenol 650 mg PO every 6 hours or per rectum for NPO patients, prn fever, fair to mild pain

Other: _____

DSS 250 mg PO BID, for constipation, include for patients on narcotics

Medications: _____

PRN Meds: Maalox Plus EX 1 (one) tablespoon PO every 4 hours, prn heartburn
 Phenergan 12.5 mg IM/PO/IV every 4-6 hours, prn nausea/vomiting
 MOM 30 mL PO every HS, prn constipation
 Restoril 15 mg PO every HS, prn insomnia, may repeat x1
 Pneumovax 0.5 mL IM, at discharge, per protocol _____
 Flu vaccine 0.5 mL IM, at discharge (Oct-Feb), per protocol _____

Both recommended in all patients over 55, plus all with chronic cardiopulmonary disease, diabetes, renal failure, cirrhosis, substance abuse, HIV, or other immune suppressing conditions. Flu is yearly, October thru February. Pneumovax is once with optional repeat in 5-10 years.

Noted by _____ Date _____ Time _____ Physician Signature _____