

Admission Form - HUP [2 orders of 22 are selected]

ADMISSION ORDER:

Admission Order	Service	Diagnosis	House Officer	Beeper #	Condition	Attending MD
<input checked="" type="checkbox"/> Admit To: [HUP]	*	*		*	*	
<input checked="" type="checkbox"/> Assessment Summary						

GIVE Pneumovax Vaccine For Patients:
 [1] Age 65 yrs or older [2] Going to surgery [3] UNKNOWN VACCINATION HISTORY (Note: Rare incidence of fever, arm swelling or anaphylaxis may occur) [4] Hemophilac

GIVE Flu Vaccine For Patients:
 [1] 50 yrs or older [2] Going to surgery [3] UNKNOWN VACCINATION HISTORY (Note: Rare incidence of fever, swelling or anaphylaxis may occur) [4] Mild Hemophilac (For moderate/severe hemophilia discuss with hematology & give factor infusion BEFORE vaccine)

ASSESSMENTS:

PNEUMOVAX	INFLUENZA	PREGNANCY	LACTATION	SMOKING	MRSA
Administer Pneumovax Vaccine <input type="checkbox"/>	Administer Influenza Vaccine <input type="checkbox"/>	Patient is pregnant <input type="checkbox"/>	Patient is Breast-Feeding <input type="checkbox"/>	Patient has smoked in the last 12 months <input type="checkbox"/>	MRSA swab indicated on admission <input type="checkbox"/>
Patient Refused Pneumovax Vaccine <input type="checkbox"/>	Patient refused influenza vaccine <input type="checkbox"/>	Patient denies pregnancy <input type="checkbox"/>	Patient is NOT Breast-Feeding <input type="checkbox"/>	Non-Smoker <input type="checkbox"/>	MRSA Swab not indicated on admission <input type="checkbox"/>
Previous Adverse Reaction/Allergy <input type="checkbox"/>	Previous Adverse Reaction/Egg-Allergy <input type="checkbox"/>	Pregnancy Status: To be determined <input type="checkbox"/>	Lactation Status: To be determined <input type="checkbox"/>	Smoking Status: <input checked="" type="checkbox"/> Unknown	
Given within past 5 years <input type="checkbox"/>	Already given this season <input type="checkbox"/>				
	History of Gulland-Barre Syndrome <input type="checkbox"/>				

ASSESSMENT ORDERS	Dose	Route	Frequency	SMOKING CESSATION ITEMS	Start Date	Route	Frequency
<input type="checkbox"/> pneumococcal 23-valp vaccine...	0.5	intraMUSCUL...	Once	<input type="checkbox"/> nicotine 7 mg-24 hour topical -	T	topical	Daily
<input type="checkbox"/> influenza vaccine injection -	0.5	intraMUSCUL...	Once	<input type="checkbox"/> nicotine 14 mg-24 hour topical -	T	topical	Daily
<input checked="" type="checkbox"/> R/O MRSA (Nasal Culture R/O...				<input type="checkbox"/> nicotine 21 mg-24 hour topical -	T	topical	Daily
<input type="checkbox"/> Smoking Cessation Counseling							

VENOUS THROMBOEMBOLISM RISK ASSESSMENT:

INDICATIONS FOR VENOUS THROMBOEMBOLISM PROPHYLAXIS:

Order venous thromboembolism (VTE) prophylaxis unless patient is at low risk (has none of the below risk factors):

- Age 40 years old or greater
- Recent surgery lasting 45 minutes or more
- History of venous thromboembolism
- History of hypercoagulability

OK Cancel

B

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- Epidural catheter
 - Warfarin only
 - Pregnancy

Combined Measurements:

Height (inches)	Height (cm)	Weight (lb)	Weight (kg)	BSA	BMI
67	170.2	150	68	1.79	23.5
Mar-19-2010 0:17:47		Mar-24-2010 06:44			

Creatinine Clearance (Estimated (Cockcroft-Gault))

Creatinine (mg/dl)	Creat Clear (est)	Actual	Estimated
0.9	57.1		
Resulted - Mar-24-2010 08:20			

Relevant Lab Results:

Prothrombin Time: 12.3(Mar20);
 International Normalized Unit: 1.0(Mar20);
 Creatinine, Serum: 0.90(Mar24);
 Hemoglobin: 10.9(Mar24); Platelet Count (PLT): 156(Mar24);

I will order pharmacologic prophylaxis
 I will order mechanical prophylaxis only
 I will not order any VTE prophylaxis

SERVICE LIST:

MEDICINE AND NEUROLOGY <input type="checkbox"/>	HIP FRACTURE SURGERY <input type="checkbox"/>	TRAUMA AND SPINAL CORD INJURY <input type="checkbox"/>
NEUROSURGERY <input type="checkbox"/>	ACUTE ISCHEMIC STROKE <input type="checkbox"/>	TOTAL HIP AND KNEE SURGERY <input type="checkbox"/>
VASCULAR SURGERY <input type="checkbox"/>	ALL OTHER SURGERY <input type="checkbox"/>	HEPARIN DOSES ABOVE 5000 units <input type="checkbox"/>

PHARMACOLOGIC AGENTS	Dose	Units	Start Date	Route	Frequency	NON-PHARMACOLOGIC ORDERS	Start Date	Frequency	Additional Information
- HEPARIN - 4 item(s)						- MECHANICAL PROPHYLAXIS - 2 item(s)			
<input type="checkbox"/> heparin injection -	5000	Unit(s)	T	subcutaneous	Every 8 Hours	<input type="checkbox"/> Intermittent Compression...	T		
<input type="checkbox"/> heparin injection -	5000	Unit(s)	T+1	subcutaneous	Every 8 Hours	<input type="checkbox"/> Antithrombotic Stockings:	T		
<input type="checkbox"/> heparin injection -	5000	Unit(s)	T	subcutaneous	Every 12 Hours	- PATIENT EDUCATION ORDERS - 1 item(s)			
<input type="checkbox"/> heparin injection -		Unit(s)	T	Subcutaneous...		<input type="checkbox"/> Warfarin Education			Patient needs education on...
- DALTEPARIN - 2 item(s)						- LAB ORDERS - 2 item(s)			
<input type="checkbox"/> dalteparin injection -	5000	Unit(s)	T	subcutaneous	Daily @ 1800	<input type="checkbox"/> CBC- w/out Diff (Heme...	T+1		
<input type="checkbox"/> dalteparin injection -	5000	Unit(s)	T	subcutaneous	Daily @ 1100	<input checked="" type="checkbox"/> Prolite	T+1		

OK Cancel