

Date	Progress Notes	Date/ Time	Pneumonia Admission Orders
			Admit: IP OP
		(Time)	Diagnosis:
			Condition:
			Vitals signs Q4H with O2 sats
			Activity:
			Diet:
			IV: <input type="checkbox"/> _____ @ _____ cc/hr
			<input type="checkbox"/> Saline lock
			Antibiotic(s): <i>(to start within 4 hrs of initial arrival)</i>
			<input type="checkbox"/> Further medication orders on next page
			HHN: <input type="checkbox"/> Albuterol 2.5mg in 3cc NS Q ___ H
			<input type="checkbox"/> Duoneb UD Q ___ H _____
			Lab: <input type="checkbox"/> CBC <input type="checkbox"/> daily <input type="checkbox"/> in AM
			<input type="checkbox"/> CMP <input type="checkbox"/> daily <input type="checkbox"/> in AM
			<input type="checkbox"/> BMP <input type="checkbox"/> daily <input type="checkbox"/> in AM
			<input type="checkbox"/> UA <input type="checkbox"/> daily <input type="checkbox"/> in AM
			<input type="checkbox"/> Sputum gram stain & culture
			<input type="checkbox"/> Blood culture X _____
			<i>(obtain prior to antibiotic administration)</i>
			<input type="checkbox"/> Other: _____
			Chest x-ray now: <input type="checkbox"/> Yes <input type="checkbox"/> No (already done)
			<input type="checkbox"/> portable <input type="checkbox"/> PA & lateral
			RT consult for smoking cessation counseling
			RT consult: oxygenation assessment & O2
			therapy PRN
			PPV and influenza vaccines per protocol

Patient ID Sticker

MD signature



St. Luke Community  
Healthcare Network  
Ronan, Montana  
  
DOCTOR'S ORDERS  
&  
PROGRESS NOTES

Date	Progress Notes	Date/ Time	Heart Failure (CHF) Admission Orders
			Admit: IP OP
			Diagnosis:
			Condition:
			Vitals signs Q4H with O2 sats
			Activity:
			Daily weight
			I & O Q shift
			Diet:
			<input type="checkbox"/> Fluid Restriction: _____ cc/day
			IV: <input type="checkbox"/> _____ @ _____ cc/hr
			<input type="checkbox"/> Saline lock
			ACE inhibitor: <input type="checkbox"/> _____
			<input type="checkbox"/> not indicated for this patient
			<input type="checkbox"/> See next page for further medication orders
			Lab: <input type="checkbox"/> CBC <input type="checkbox"/> in AM <input type="checkbox"/> daily
			<input type="checkbox"/> CMP <input type="checkbox"/> in AM <input type="checkbox"/> daily
			<input type="checkbox"/> BMP <input type="checkbox"/> in AM <input type="checkbox"/> daily
			<input type="checkbox"/> BNP <input type="checkbox"/> in AM <input type="checkbox"/> daily
			<input type="checkbox"/> UA <input type="checkbox"/> in AM <input type="checkbox"/> daily
			<input type="checkbox"/> Other: _____
			Chest x-ray now: <input type="checkbox"/> Yes <input type="checkbox"/> in AM
			<input type="checkbox"/> portable <input type="checkbox"/> PA & lateral
			Echocardiogram for LVEF: <input type="checkbox"/> schedule ASAP
			<input type="checkbox"/> already done; obtain copy of records
			RT consult: oxygenation assessment & O2 therapy PRN
			RT consult for smoking cessation counseling
			PPV & influenza vaccine per protocol
			Initiate CHF discharge planning; provide packet and instruct pt. to bring it to FU appt.

MD signature

Patient ID Sticker



*St. Luke Community  
Healthcare Network*  
Ronan, Montana

**DOCTOR'S ORDERS  
&**

**PROGRESS NOTES**

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Admit to:  Inpatient with Telemetry  OPO with telemetry

**General Nursing Orders:**

Vital Signs: q15min until stable, then q30min x 2 hours, then q  2 hour /  4 hour and PRN

Telemetry: Parameters for notifying physician:

- Bradycardia if HR <50 and symptomatic; or HR < 30; or pauses > 3 seconds or symptoms; or new onset of heart block or Mobitz II AV block.
- Ventricular Tachycardia if rate > 110 and duration > 20 beats or SX or Torsades de Points
- AF if rate > 110 or associated with pain, hypotension or heart failure.

IV:  NS  .45 NS  D<sub>5</sub>NS  \_\_\_\_\_ @ \_\_\_\_\_ cc/hr.  SL

Diet:  NPO except meds  AHA/Cardiac Diet  ADA \_\_\_\_\_ calories

Activity:  Bedrest  Bedside commode  BRP  Progress as tolerated

Oxygen:  No  Yes @ 2 – 4 L/min per NC  PRN to keep O<sub>2</sub>Sat ≥ \_\_\_\_\_ %

Obtain old records

Call physician if cardiac enzymes elevated

May  May not leave unit without telemetry for diagnostic test/procedures

May Shower  yes  no

I & O  yes  no  strict

Daily Weight  yes  no

**Diagnostics:**

Cardiac Panel

Repeat \_\_\_\_\_  Q4h  Q6h  Q8h and repeat  x 1  x 2  x3

CBC/CMP/PTT on admission

PT if on coumadin

Fasting Lipid panel on admission – draw in AM if patient has not been fasting > 12h

Accucheck AC & HS if diabetic

CXR – portable

EKG  Now  in AM  with recurrent chest pain

**Interventions:**

Nutrition consult

Cardiac Rehab

Smoking cessation instruction

Pt Label

**St. Luke Community Hospital**

**Cardiac Admission Orders**

