

STANDING ADMISSION ORDERS DEEP VENOUS THROMBOSIS (DVT)

Admitting Physician: _____ **Date:** _____ **Time:** _____

Place in Observation Services: Med/Surg Telemetry Other: _____

Admit to Inpatient: Med/Surg Telemetry ICU

Diagnosis: Deep Venous Thrombosis Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Hematology: _____ Pulmonary: _____
 Other: _____

Allergies:

Code Status: Full Partial: Shock Chemical Other: _____ DNR

Vital Signs: Per unit protocol Every shift every _____ hours Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges
 Daily weight

Nursing: Intake & Output
 Foley to drainage
 Pulse oximeter every shift
 twice a day
 Glucose checks AC and at bedtime or every _____ hrs
 Other: _____

Diet: Regular NPO 1 gm low sodium 2 gm low sodium
 Clear liquid Full liquid Low fat, low cholesterol
 Diabetic: _____ kCal ADA
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Respiratory: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 sat greater than 93 % on RA.
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Labs: BMP CMP Guaiac stool x 1 Guaiac stools daily
 TSH UA ABG
 CBC now and every 3 days while on Heparin
 PT/INR PTT STAT (prior to starting Heparin)
 Check PTT 6 hrs after heparin bolus and every _____ hrs until PPT _____ times control
 Check PTT every 6 hrs after each heparin dosage change
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 PT/INR daily if on coumadin Other Labs: _____

Studies: CXray: Portable PA/Lateral
 EKG
 CT scan of chest with and without contrast
 Venous Doppler
 Venogram
 VQ Scan
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME	

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 St. Luke's Medical Center 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

Medications: (Check the appropriate box)

- Heparin drip, 80 units/kg IV bolus, then 18 units/kg per hour infusion
- Enoxaparin (Lovenox) 1 mg/kg subcutaneous every 12 hrs 1.5 mg/kg once daily
- Warfarin (Coumadin) _____ mg PO daily. Start on Date: _____
- Lorazepam (Ativan) 0.5mg 1 mg PO PRN every 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20mg IV PO every 12 hrs
- Nicotine 21 mg topical patch apply daily

Protocols: All protocol orders must be placed in chart

- Weight based Heparin Dosing Protocol
- Insulin subcutaneous Sliding Scale Protocols: Mild Protocol Moderate Protocol Aggressive Protocol

Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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