Appendix 3

Hospital of Central Connecticut ED Observation Unit Protocols

Abdominal Pain ................................................................. 2
Allergic Reaction ............................................................... 4
Asthma/COPD ................................................................. 5
Back Pain ........................................................................ 7
Cellulitis ........................................................................ 9
Chest Pain ...................................................................... 11
Confusion ....................................................................... 13
Dehydration .................................................................. 15
GI Bleed ........................................................................ 17
Headache ....................................................................... 19
Metabolic Abnormality .................................................... 21
Pyelonephritis ............................................................... 23
Seizure ........................................................................... 25
Syncope ......................................................................... 27

Source: Used with permission of the Hospital of Central Connecticut,
Submitted by Louis G. Graff, MD, FACEP, July 2010
**ABDOMINAL PAIN RISK STRATIFICATION TOOL**

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**

Level of Care determination after Risk Stratification (Check One): □ Observation  □ Admit (Use the appropriate admission order forms)

*IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.*

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Severe dehydration</td>
</tr>
<tr>
<td>□ Hemodynamic instability</td>
</tr>
<tr>
<td>□ Na &lt; 130 mEq; Na &gt; 155 mEq</td>
</tr>
<tr>
<td>□ Concomitant acute severe medical condition (e.g. acute renal failure, sepsis)</td>
</tr>
<tr>
<td>□ Chronic abdominal pain</td>
</tr>
<tr>
<td>□ Acute peritonitis</td>
</tr>
<tr>
<td>□ Probability of discharge within 24 hours &lt;80%</td>
</tr>
<tr>
<td>□ High probability serious dangerous cause sx such as acute appendicitis, sbo, bowel perforation</td>
</tr>
</tbody>
</table>

PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Inability to correct symptoms</td>
</tr>
<tr>
<td>□ Inability to take po fluids</td>
</tr>
<tr>
<td>□ Possibility pt has serious dangerous cause of sx</td>
</tr>
<tr>
<td>□ Inability to control pain with po medication</td>
</tr>
</tbody>
</table>

**Observation Unit Disposition Decision**

| Resolution of symptoms | All criteria present | DISCHARGE |
| Stable vital signs | |
| Taking po fluids | |
| Completion of diagnostic evaluation | |
| Inability to correct symptoms | Any criteria present | ADMIT |
| Inability to take po fluids | |
| Abnormal imaging requiring hospitalization | |

MD Signature: ____________________________ Beeper #: __________ Date: __________ Time: ________

HCC Form #1895 Revised 6-10

Abdominal Pain Observation Physician Orders
### Non-Medication Orders

- **Cardiac Monitoring:** Indication ______________
- **DX:** Abdominal Pain
  - Vitals: Every 4 hours
  - Diet (Check One): □ Regular/house □ Clear Liquids □ NPO □ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
  - Activity (Check One): □ Ambulate ad lib □ OOB to BR □ Ambulate with assist □ Other: ______________
  - Insert saline lock
  - Intake and Output q shift
  - Labs at _______ (Check Box(es)): □ CBC □ Lytes □ other labs: ______________
  - O₂ (circle): __ per liter nasal; □ Other ______________
  - Notify MD for: □ HR < 55 or > 100 □ RR < 12 or > 25 □ Temp < 96 F or > 100.4F □ SBP < 100, SBP > 170, DBP > 120 □ SaO₂ < 90%
  - CT Scan Abd: indication ______________
  - Ultrasound abdomen: indication ______________
  - Ultrasound pelvis endovaginal: indication ______________
  - Consult Dr: ______________

### Medication Orders

- **IV fluids:** @ _______ ml/hr x _______ liters
- **Analgesics:** use the pain control order set □ Acetaminophen 650 mg PO/PR every 4hrs □ 6 hrs (check one) PRN
- **For smokers:** Nicotine (Nicoderm) □ Famotidine (Pepcid) 20 mg □ IV □ PO (check route) twice daily □ Pain Score 1 - 4 and/or Temp > 101F
- **For nausea/vomiting:** Ondansetron (Zofran) 4 mg □ IV □ PO (check route) □ Metoclopramide (Reglan) 5mg □ 10 mg (check one) every 6 hours PRN □ IV □ PO (check route) every 6 hours PRN nausea/vomiting

### Other Medications

- [ ] Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

### Allergy Sticker

- [ ] DO NOT USE ABBREVIATIONS: µ, mcg, u, ku, QD, QID, QOD, B.I.W., T.I.W., MgS04, MS04, MS, HISS, RISS, AD, AU, AS
- [ ] Reason for Consult: ______________

---

**MD Signature:** ____________________________  **Beeper #:** ________  **Date:** __________  **Time:** ________

---

**HCC Form #1895 Revised 6-10**
### Allergic Reaction Risk Stratification Tool

**Unacceptable Diagnosis for Observation:** Social Admit, Failure to Thrive, Dizziness, Unable to Care for Self, Needs Placement, Unable to Ambulate, Chronic... (Anything)

**Level of Care Determination after Risk Stratification (Check One):**
- [ ] Observation
- [ ] Admit (Use the appropriate admission order forms)

**If Patient Meets Any of the Below Criteria, Then He/She Must Be Admitted, Not Observed.**

***Do Not Proceed to Page 2. However, This Risk Stratification Must Be Completed & Placed in the Chart***

**Admission Criteria (Criteria that Exclude the Patient from Observation Level of Care)**
- [ ] Stridor or evidence of impending airway compromise
- [ ] Room air oxygen saturation < 90%
- [ ] Hypotension or other signs of hemodynamic instability
- [ ] Probability of discharge within 24 hours < 80%

**Patient Must Meet One of the Below Criteria for Observation - Check Applicable Box(es)**

***This Risk Stratification Must Be Completed and Placed in the Chart***

**Observation Criteria (Inclusion Criteria that Make Observation Level of Care a Possibility)**
- [ ] Lack of improvement during ER visit
- [ ] Acute allergic reaction with respiratory complications
- [ ] Diffuse wide spread allergic rash not responding tx

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>Improvement in Clinical Condition</th>
<th>All Criteria Present</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement in Clinical Condition</td>
<td>Any Criteria Present</td>
<td>Admit</td>
</tr>
</tbody>
</table>

**MD Signature:** ____________________________  **Beeper #:** __________  **Date:** __________  **Time:** __________

HCC Form #1896 Revised 6-10  
Allergic Reaction Observation Physician Orders
### Non-Medication Orders

- **Cardiac Monitoring:** Indication: 
- **DX:** Allergic Reaction: 
- **Vitals:** Every 4 hours: 
- **Diet (Check One):** Regular/house, Clear Liquids, NPO: 
- **Carbohydrate Controlled (1800 kcal/day, no conc. Sweets):** 
- **2 gram Na:** 
- **Activity (Check One):** Ambulate ad lib, OOB to BR: 
- **Ambulate with assist:** 
- **Intake and Output q shift:** 
- **Insert saline lock:** 
- **Labs at (check box(es)):** CBC, lytes: 
- **Other labs:** 
- **O2 (circle):** per liter nasal; Other: 
- **Notify MD for:** HR < 55 or > 100: 
  - RR < 12 or > 25: 
  - Temp < 96 F or > 100.4F: 
  - SBP < 100, SBP > 170, DBP > 120: 
  - SaO₂ < 90%: 
- **Epi-pen teaching:** 

### Medication Orders

- **IV fluids:** @ ml/hr x liters: 
- **Albuterol neb 2.5mg every** hours (every 4 or 6 hours): 
- **Methylprednisolone (Solumedrol) 125 mg IV x 1:** 
- **Prednisone** mg PO Daily twice daily (check one): 
- **Acetaminophen 650 mg PO/PR every** 4hrs 6 hrs (check one) PRN: 
- **Diphenhydramine (Benadryl) 25 50 mg (check one):** 
- **IV PO (check route) every 6 hours PRN allergic reaction:** 
- **For smokers: Nicotine (Nicoderm):** 
- **7 mg 14mg 21 mg (check one) patch topically Daily:** 

### Other Medications:

**MD Signature:** 

**Beeper #:** 

**Date:** 

**Time:** 

---

**HCC Form #1896 Revised 6-10**
### ASTHMA/COPD RISK STRATIFICATION TOOL

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION:** SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):**
- [ ] Observation
- [ ] Admit

(Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

#### ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)

- [ ] Respiratory fatigue / failure
  - Respiratory Rate (RR) > 40
  - Pulse oximetry < 90 % on supplemental oxygen
  - $pCO_2 > 45$
  - $pH < 7.3$
- [ ] Inability to perform spirometry or peak flows
- [ ] Peak flow < 20% of predicted
- [ ] Pneumonia
- [ ] Bronchospasm due to aspiration or foreign body
- [ ] Pregnancy
- [ ] Abnormal mentation
- [ ] Evidence of CHF
- [ ] Temperature > 101F
- [ ] Need for continuous nebs tx, BIPAP, heliox
- [ ] Diagnostic EKG changes
- [ ] Positive cardiac biomarkers

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***

#### OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)

- [ ] Shortness of breath
- [ ] Mild to moderate use of accessory muscles
- [ ] Wheezing
- [ ] Fair to good air exchange
- [ ] Stable blood pressure
- [ ] Normal mentation

#### Observation Unit Disposition Decision

<table>
<thead>
<tr>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major resolution of SOB / wheezing</td>
<td></td>
</tr>
<tr>
<td>Peak flow &gt; 50% of predicted</td>
<td></td>
</tr>
<tr>
<td>Ambulating comfortably</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any criteria present</th>
<th>ADMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deterioration of condition</td>
<td></td>
</tr>
<tr>
<td>Peak flow &lt; 20% of predicted</td>
<td></td>
</tr>
<tr>
<td>Respiratory rate (RR) &gt; 35</td>
<td></td>
</tr>
<tr>
<td>Pulse oximetry &lt; 90% on room air x 30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

MD Signature: ____________________________  Beeper #: ________  Date: ________  Time: ________
non-medication orders

Cardiac monitoring: indication ______________

DX: asthma / copD

Vitals: Every 4 hours

Diet (Check One): □ Regular/house □ Clear liquids □ NPO

□ Carbohydrate Controlled (1800 kcal/day, no conc. sweets)

□ 2 gram Na □ Pureed □ Other: ____________________

Activity (Check One): □ Ambulate ad lib □ OOB to BR

□ Ambulate with assist □ Other: ____________________

□ Intake and output q shift

□ Insert Saline lock

Labs at ________ (check box(es)): □ CBC □ Lytes

□ Other labs: __________________________

□ O2 (circle): __ per liter nasal; Other __________

□ Notify MD for: □ HR < 55 or > 100

□ RR < 12 or > 25

□ Temp < 96F or > 100.4F

□ SBP < 100, DBP > 170, DBP > 120

□ SaO2 < 90%

□ Peak flow pre and post every neb treatment

□ Acetaminophen 650 mg PO/PR every

□ Methylprednisolone □ 40 mg □ 125 mg (check one) IV x 1

□ Prednisone □ mg PO twice daily

□ Nebulizer Orders (check one)

□ Albuterol neb 2.5 mg Nebs every _____ hours (every 4 or 6 hours)

□ Albuterol 2.5 mg / Ipratropium 0.5 mg Nebs

□ PRN SOB/Wheezing

every ____ hours (every 4 or 6 hours) PRN SOB/Wheezing

□ Acetaminophen 650 mg PO/PR every

□ Pain score 1-4 and/or □ Temp > 101F

□ For smokers: nicotine (nicoderm)

□ 7 mg □ 14 mg □ 21 mg (check one) patch topically Daily

□ Other Medications:

□ MD Signature: _________________________ Beeper #: ______ Date: ______ Time: ______

HCC Form #1897 Revised 6-10

Asthma/COPD Observation Physician Orders
## BACK PAIN RISK STRATIFICATION TOOL

### UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):**
- Observation
- Admit (Use the appropriate admission order forms)

IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

**ADMISSION CRITERIA** (criteria that exclude the patient from observation level of care)

- [ ] Significant trauma involving other systems
- [ ] Acutely deteriorating neurologic exam

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART***

**OBSERVATION CRITERIA** (including criteria that make observation level of care a possibility)

- [ ] After ER, inability to tolerate pain on po medication

### Observation Unit Disposition Decision

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to tolerate pain on po medication</td>
<td>DISCHARGE</td>
</tr>
<tr>
<td>No change in neurological exam</td>
<td>DISCHARGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to tolerate pain on po medication</td>
<td>ADMIT</td>
</tr>
<tr>
<td>Change in neurological exam</td>
<td>ADMIT</td>
</tr>
</tbody>
</table>

---

MD Signature: ___________________________ Beeper #: _______ Date: _______ Time: _______
**Non-Medication Orders**

<table>
<thead>
<tr>
<th>Cardiac Monitoring: Indication</th>
<th>IV fluids: @ ml/hr x liters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitals: Every 4 hours</td>
<td>Analgesics: use the pain control order set</td>
</tr>
<tr>
<td>Diet (Check One): □ NPO □ Regular/house □ Clear Liquids</td>
<td>Acetaminophen 650 mg PO/PR every</td>
</tr>
<tr>
<td>□ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)</td>
<td>□ 4hrs □ 6 hrs (check one) PRN</td>
</tr>
<tr>
<td>□ 2 gram Na □ Pureed □ Other:</td>
<td>pain score 1-4 and/or Temp &gt; 101F</td>
</tr>
<tr>
<td>□ Ambulate with assist □ Other:</td>
<td>□ 7 mg □ 14mg □ 21 mg (check one) patch topically Daily</td>
</tr>
<tr>
<td>Intake and Output q shift</td>
<td>□ Ibuprofen □ 400 mg □ 600 mg □ 800 mg (check one)</td>
</tr>
<tr>
<td>Insert Saline lock</td>
<td>PO every □ 4 □ 6 or □ 8 hours (check one) PRN pain</td>
</tr>
<tr>
<td>Labs at ________ (check box(es)): □ CBC □ lytes</td>
<td>□ Cyclobenzaprine (Flexeril) 10 mg PO 3 times daily</td>
</tr>
<tr>
<td>□ other labs:</td>
<td>□ Carisoprodol (Soma) 350 mg PO 4 times daily</td>
</tr>
<tr>
<td>□ O₂ (circle): ___ liter/min; Other ___</td>
<td>(Maximum daily dose 2400 mg)</td>
</tr>
<tr>
<td>□ Notify MD for: □ HR &lt; 55 or &gt; 100</td>
<td>Skeletal Muscle Relaxant (check only one)</td>
</tr>
<tr>
<td>□ RR &lt; 12 or &gt; 25</td>
<td>Other Medications:</td>
</tr>
<tr>
<td>□ Temp &lt; 96 F or &gt; 100.4F</td>
<td></td>
</tr>
<tr>
<td>□ SBP &lt; 100, DBP &gt; 170, DBP &gt; 120</td>
<td></td>
</tr>
<tr>
<td>□ SaO₂ &lt; 90%</td>
<td></td>
</tr>
<tr>
<td>□ Physical therapy assessment</td>
<td></td>
</tr>
</tbody>
</table>

**Medication Orders**

- Analgesics: use the pain control order set
- Ibuprofen 400 mg, 600 mg, or 800 mg (check one)
- Cyclobenzaprine (Flexeril) 10 mg PO 3 times daily
- Carisoprodol (Soma) 350 mg PO 4 times daily

---

**Allergy Sticker**

Date/Time: Refer to Observation For Service of Dr.

DO NOT USE ABBREVIATIONS: µ, mcg, u, iu, QD, QID, B.I.W., T.I.W., MgSO₄, MSO₄, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.
**CELLULITIS PAIN RISK STRATIFICATION TOOL**

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**

Level of Care determination after Risk Stratification (Check One):  
- **Observation**  
- **Admit** (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

**ADMISSION CRITERIA** (criteria that exclude the patient from observation level of care)

- ☐ Septic or toxic appearance, T > 102F, wbc > 20,000
- ☐ Immunosuppressed
- ☐ Involves peri-orbit or orbit, neck, or >9% TBSA
- ☐ Extensive tissue damage, sloughing
- ☐ Deeper process: abscess, osteomyelitis, deep wound, suspicion of necrotizing fascitis
- ☐ Patient unable to care for self at home
- ☐ Patient already failed outpatient treatment
- ☐ Unstable vital signs
- ☐ Bite or puncture wound
- ☐ Post op infection
- ☐ Associated with diabetic ulcer

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART***

**OBSERVATION CRITERIA** (inclusion criteria that make observation level of care a possibility)

- ☐ H and P consistent with cellulitis
- ☐ Require > 1 dose parenteral antibiotics

<table>
<thead>
<tr>
<th>Observation Unit Disposition Decision</th>
<th>All criteria present</th>
<th>Any criteria present</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC nearly normal or significantly improved</td>
<td>HOME</td>
<td>ADMIT</td>
</tr>
<tr>
<td>Stable vital signs</td>
<td></td>
<td>consider expert advice</td>
</tr>
<tr>
<td>Taking po fluids and meds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of cellulitis not increasing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response to iv therapy, rising wbc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to take po fluids or medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in skin involvement, fluctuance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperatures failed to significantly improve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to care for self, no home care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MD Signature: ________________________________  Beeper #: ________  Date: ________  Time: ________

HCC Form #1899 Revised 6-10  Cellulitis Observation Physician Orders
**Non-Medication Orders**

- **DX:** Cellulitis
- **Vitals:** q shift
- **Diet (Check One):**
  - Regular/house
  - Clear Liquids
  - NPO
  - Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
- **2 gram Na**
- **Other:**

**Activity (Check One):**
- Ambulate ad lib
- Ambulate with assist
- Other:

*(For Lower Ext cellulitis OOB to BR recommended)*

- Insert Saline lock

**Labs at (check box(es)):**
- CBC
- Lytes
- Other labs:

**Other:**

- Notify MD for: HR < 55 or > 100
- RR < 12 or > 25
- Temp < 96 F or > 100.4 F
- SBP < 100, SBP > 170, DBP > 120
- SaO₂ < 90%
- Care coordination consult
- Elevation of infected area
- Venous Doppler/Ultrasound of L/R lower extremity

**Indication**

**Medication Orders**

- **IV fluids:**
  @ ml/hr x liters
- **Analgesics:** use the pain control order set
- **Antibiotics (check only one):**
  - Cefazolin grams IV every hours
  - Clindamycin 600 mg IV every 8 hours
  - Vancomycin mg IV every hours
  - Acetaminophen 650 mg PO/PR every
    - 4 hrs
    - 6 hrs (check one) PRN
  - Pain Score 1 - 4 and/or Temp > 101 F

**Other:**

- For smokers: Nicotine (Nicoderm)
- 7 mg
- 14 mg
- 21 mg (check one) patch topically Daily
- Heparin 5000 units SC every 8 hours
- Clotrimazole 1% cream topically twice daily to interdigital areas of feet

**Other Medications:**

**Date/Time:**

**Refer to Observation**

**For Service of Dr.**

**DO NOT USE ABBREVIATIONS:** µ, mcg, u, ui, QD, QID, B.I.W., T.I.W., MgSO₄, MSO₄, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

**MD Signature:**

**Beeper #:**

**Date:**

**Time:**
**Chest Pain Observation Physician Orders**

**HCC Form #1900 Revised 6-10**

**Chest Pain Risk Stratification**

**Observation**

---

**Level of Care determination after Risk Stratification (Check One):**

- Observation
- Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.***

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**

**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Diagnostic EKG changes or positive biomarkers
- Cardiac Risk Score 5 or greater points = moderate to high risk
- Continuing chest pain
- Unstable vital signs

**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Cardiac Risk Score 2 to 4 points = low risk
- No continuing chest pain
- Stable vital signs

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>Benign observation course</th>
<th>Stable vital signs</th>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deterioration of clinical course</td>
<td>Unstable vital signs or unstable dysrhythmia</td>
<td>Any criteria present</td>
<td>ADMIT</td>
</tr>
</tbody>
</table>

**HCC Cardiac Risk Score tool for Possible ACS**

<table>
<thead>
<tr>
<th>Non diagnostic EKG changes (1 point)</th>
<th>EKG ST segment changes ( &lt; 1 mm ST seg change)</th>
<th>OR T wave changes OR LBBB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age / sex (1 point)</th>
<th>(Male &gt; 45 years old; Female &gt; 55 years old)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Past history CAD (2 points)</th>
<th>(Angina or PCI or Coronary surgery or MI)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cardiac Risk Factors (up to 5 points)</th>
<th>Family history of CAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>hyperlipidemia</td>
</tr>
<tr>
<td></td>
<td>diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>history of smoking</td>
</tr>
<tr>
<td></td>
<td>hypertension</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest Pain (up to 3 points)</th>
<th>substernal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>exercise related</td>
</tr>
<tr>
<td></td>
<td>relieved with NTG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest Pain Equivalent (up to 4 points)</th>
<th>syncope</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOB/dyspnea</td>
</tr>
<tr>
<td></td>
<td>rapid heart beat</td>
</tr>
<tr>
<td></td>
<td>unexplained weakness</td>
</tr>
</tbody>
</table>

**ADD UP TOTAL # POINTS ABOVE:**

---

**MD Signature: _____________________________ Beeper #: ______ Date: ________ Time: ________**
**Non-Medication Orders**

<table>
<thead>
<tr>
<th>INITIAL ORDERS:</th>
<th>Medication Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dx:</strong> Chest Pain or Chest Pain Equivalent</td>
<td>Aspirin Order (check applicable box)</td>
</tr>
<tr>
<td><strong>Cardiac Monitoring:</strong> Indication: (check one)</td>
<td></td>
</tr>
<tr>
<td>• Chest Pain</td>
<td>□ Aspirin 81 mg, chew 3 tabs PO now (unless taken in ED)</td>
</tr>
<tr>
<td>• Chest Pain Equivalent</td>
<td>□ Hold aspirin because contraindicated</td>
</tr>
<tr>
<td>□ Vitals: every 4 hours</td>
<td>□ Patient received aspirin within 24 hours of hospital arrival</td>
</tr>
<tr>
<td>□ Saline lock / laboratory testing</td>
<td>□ Acetaminophen 650 mg PO/PR every</td>
</tr>
<tr>
<td>□ CK, CKMB, Troponin</td>
<td>□ 4hrs □ 6 hrs (check one) PRN</td>
</tr>
<tr>
<td>□ Electrolytes, Creatinine, BUN</td>
<td>□ Nitroglycerin paste ______ inches every 8 hours</td>
</tr>
<tr>
<td>□ CBC with diff</td>
<td>□ For smokers: Nicotine (Nicoderm)</td>
</tr>
<tr>
<td>□ Glucose</td>
<td>□ 7 mg □ 14mg □ 21 mg (check one) patch topically Daily</td>
</tr>
<tr>
<td>□ Old Record to the Floor</td>
<td>Other Medications:</td>
</tr>
<tr>
<td>□ EKG</td>
<td></td>
</tr>
<tr>
<td>□ CXR: Indication _____________</td>
<td></td>
</tr>
</tbody>
</table>

**SUBSEQUENT ORDERS:**

- □ CPK/MB/Troponin I & EKG q 4 h x’s 2
- □ EKG prn for chest pain or dysrhythmia
- □ Activity: Bedrest 4 h, then ambulate if stable & neg enzymes
- □ May go off monitor for testing if stable
- □ Diet: NPO from 4 am on _______ (Date)
- □ Blood glucose before meals if glucose > 120 or diabetic
- □ Cardiac Consult Dr. __________________________
  8a to 5p □ MD contacted by me at ____ m OR
  5p to 8a □ Message left for MD at #5276
  (Cardiologist to schedule stress study if appropriate)

**Medication Orders**

- Aspirin 81 mg, chew 3 tabs PO now (unless taken in ED)
- Hold aspirin because contraindicated
- Patient received aspirin within 24 hours of hospital arrival
- Acetaminophen 650 mg PO/PR every 4hrs 6 hrs (check one) PRN
- Nitroglycerin paste _____ inches every 8 hours
- For smokers: Nicotine (Nicoderm)
- 7 mg 14mg 21 mg (check one) patch topically Daily

**Other Medications:**

**HCC Form #1900 Revised 6-10**

**Chest Pain Observation Physician Orders**
### UNACCEPTABLE DIAGNOSIS FOR OBSERVATION
- Social Admit
- Failure to Thrive
- Dizziness
- Unable to Care for Self
- Needs Placement
- Unable to Ambulate
- Chronic ... (Anything)

**Level of Care determination after Risk Stratification (Check One):**
- Observation
- Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>Admission Criteria (criteria that exclude the patient from observation level of care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Moderate/High HCC cardiac risk score (&gt; 4 points)</td>
</tr>
<tr>
<td>□ Abnormal Vital Signs:</td>
</tr>
<tr>
<td>□ (SBP &lt;90 or &gt;220, DBP &gt;110, HR &lt;50 or &gt;100; RR &gt;24)</td>
</tr>
<tr>
<td>□ Visual Hallucinations</td>
</tr>
<tr>
<td>□ Elderly (&gt; 75 year old)</td>
</tr>
<tr>
<td>□ Diagnostic EKG changes or positive biomarkers</td>
</tr>
<tr>
<td>□ Acute Seizure (see seizure obs order set)</td>
</tr>
<tr>
<td>□ Acute Headache (see headache obs order set)</td>
</tr>
<tr>
<td>□ Loss Coordination</td>
</tr>
<tr>
<td>□ Focal Neurologic Findings</td>
</tr>
</tbody>
</table>

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>Observation Criteria (inclusion criteria that make observation level of care a possibility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Intermediate risk (i.e. patient almost has one or more of the above high risk criteria)</td>
</tr>
<tr>
<td>□ Confusion not clearing during ER evaluation</td>
</tr>
<tr>
<td>□ Possible pathologic cause of the confusion</td>
</tr>
</tbody>
</table>

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th></th>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign observation course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate home environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deterioration of clinical course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable dysrhythmia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis requiring inpatient admission</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Any criteria present</th>
<th>ADMIT</th>
</tr>
</thead>
</table>

**MD Signature:** ___________________________________________ **Beeper #: __________ Date: __________ Time: ________**
<table>
<thead>
<tr>
<th>Non-Medication Orders</th>
<th>Medication Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cardiac Monitoring: Indication</td>
<td>□ IV fluids:</td>
</tr>
<tr>
<td>DX: Confusion</td>
<td>@ ml/hr x liters</td>
</tr>
<tr>
<td>□ Vitals: Every 4 hours</td>
<td>□ Acetaminophen 650 mg PO/PR every 4hrs □ 6 hrs (check one) PRN</td>
</tr>
<tr>
<td>Diet (Check One): □ Regular/house □ Clear Liquids □ NPO</td>
<td>pain score 1-4 and/or Temp &gt; 101F</td>
</tr>
<tr>
<td>□ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)</td>
<td>□ For smokers: Nicotine (Nicoderm)</td>
</tr>
<tr>
<td>□ 2 gram Na □ Pureed □ Other:</td>
<td>□ 7 mg □ 14mg □ 21 mg (check one) patch topically Daily</td>
</tr>
<tr>
<td>□ OOB to BR □ Ambulate with assist □ Other:</td>
<td>Intake and Output q shift</td>
</tr>
<tr>
<td>□ Activity (Check One):</td>
<td>Other Medications:</td>
</tr>
<tr>
<td>□ Intake and Output q shift</td>
<td></td>
</tr>
<tr>
<td>□ Insert Saline lock</td>
<td></td>
</tr>
<tr>
<td>Labs at (check box(es)): □ CBC □ lytes</td>
<td></td>
</tr>
<tr>
<td>□ other labs:</td>
<td></td>
</tr>
<tr>
<td>□ CPK/MB/Troponin I &amp; EKG every 4 h’x’s 2</td>
<td></td>
</tr>
<tr>
<td>□ EKG prn for chest pain or dysrhythmia</td>
<td></td>
</tr>
<tr>
<td>□ O₂ (circle): liter/min; Other:</td>
<td></td>
</tr>
<tr>
<td>□ Notify MD for: HR &lt; 55 or &gt; 100</td>
<td></td>
</tr>
<tr>
<td>RR &lt; 12 or &gt; 25</td>
<td></td>
</tr>
<tr>
<td>Temp &lt; 96 F or &gt; 100.4F</td>
<td></td>
</tr>
<tr>
<td>SBP &lt; 100, SBP &gt; 170, DBP &gt; 120</td>
<td></td>
</tr>
<tr>
<td>SaO₂ &lt; 90%</td>
<td></td>
</tr>
<tr>
<td>□ Consult Dr.</td>
<td></td>
</tr>
<tr>
<td>Reason for Consult:</td>
<td></td>
</tr>
</tbody>
</table>

MD Signature: _________________________________________ Beeper #: _________ Date: ______________ Time: ________
**DEHYDRATION RISK STRATIFICATION TOOL**

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION:** SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC … (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):** ☐ Observation ☐ Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.***

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

**ADMISSION CRITERIA** (criteria that exclude the patient from observation level of care)

☐ Severe dehydration

☐ hemodynamic instability

☐ Na < 120 mEq; Na > 155 mEq

☐ concomitant acute severe medical condition
  (e.g. acute renal failure, sepsis)

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***

**OBSERVATION CRITERIA** (inclusion criteria that make observation level of care a possibility)

☐ Inability to correct symptoms in ER

☐ Inability to take po fluids

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>Resolution of symptoms</th>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking po fluids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to correct symptoms</td>
<td>Any criteria present</td>
<td>ADMIT</td>
</tr>
<tr>
<td>Inability to take po fluids</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MD Signature: ___________________________ Beeper #: __________ Date: ___________ Time: _______
Dehydration Observation
Physician Orders

### Non-Medication Orders

<table>
<thead>
<tr>
<th>DX: Dehydration</th>
<th>Vitals: Every 4 hours</th>
<th>Diet (Check One):</th>
<th>Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)</th>
<th>Activity (Check One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Regular/house</td>
<td>Clear Liquids</td>
<td>NPO</td>
<td>Ambulate ad lib</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intake and Output q shift</th>
<th>Insert Saline lock</th>
<th>Labs at __________ (check box(es)):</th>
<th>Other labs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CBC</td>
<td>Lytes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O2 (circle):</th>
<th>Notify MD for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ per liter nasal; Other ______</td>
<td>HR &lt; 55 or &gt; 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RR &lt; 12 or &gt; 25</th>
<th>Temp &lt; 96 F or &gt; 100.4F</th>
<th>SBP &lt; 100, SBP &gt; 170, DBP &gt; 120</th>
<th>SaO2 &lt; 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medication Orders

- **IV fluids:**
  - @ ______ ml/hr x _____ liters

- **Analgesics:** use the pain control order set
  - Acetaminophen 650 mg PO/PR every 4hrs 6 hrs (check one) PRN

- **For smokers:** Nicotine (Nicoderm)
  - 7 mg 14mg 21 mg (check one) patch topicaly Daily

- **Ondansetron (Zofran)**
  - 4 mg IV PO (check route) every 6 hours PRN nausea/vomiting

- **Metoclopramide (Reglan)**
  - 5mg 10 mg (check one) IV PO (check route) every 6 hours PRN nausea/vomiting

- **Other Medications:**

<table>
<thead>
<tr>
<th>MD Signature:</th>
<th>Beeper #:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

HCC Form #1902 Revised 6-10

Dehydration Observation Physician Orders
**GI BLEED RISK STRATIFICATION TOOL**

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC … (ANYTHING)**

**Level of Care determination after Risk Stratification (Check One):**
- Observation
- Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.***

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

**ADMISSION CRITERIA** (criteria that exclude the patient from observation level of care)
- > 2 episodes of bright red bleeding o hemorrhoids
- Hemodynamic instability
- Active bleeding
- Concomitant acute severe medical condition (e.g. acute renal failure, sepsis)
- EKG Changes
- Melena
- Drop of Hct > 10 in 4 hours
- Orthostatic changes (SBP >20; standing pulse > 110)
  - Coagulopathy (e.g. warfarin rx, liver failure, hemophilia)
- Hx of esophageal bleeding or
- Coagulopathy (e.g. warfarin rx, liver failure, hemophilia)
- Age > 70 years old
- Inability to transfuse

**OBSERVATION CRITERIA** (inclusion criteria that make observation level of care a possibility)
- Abnormal Hct/Hgb values
- Previous gi history
- History of dark stool (not bright red) in last 48 hours
- No more than 2 episodes of bright red blood
- Guaiac positive ng drainage
- Need for transfusion
- GI consulted

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal or stabilized serial exams</td>
<td>All criteria present</td>
</tr>
<tr>
<td>Stable vital signs</td>
<td>All criteria present</td>
</tr>
<tr>
<td>No deterioration clinical condition</td>
<td>All criteria present</td>
</tr>
<tr>
<td>If endoscopy - no active bleeding site</td>
<td>Any criteria present</td>
</tr>
<tr>
<td>Continued decrease in Hct/Hgb values</td>
<td>Any criteria present</td>
</tr>
<tr>
<td>Increase in bright red bleeding</td>
<td>Any criteria present</td>
</tr>
<tr>
<td>Deterioration in clinical condition</td>
<td>Any criteria present</td>
</tr>
<tr>
<td>Active bleeding by endoscopy</td>
<td>Any criteria present</td>
</tr>
</tbody>
</table>

MD Signature: ____________________________  Beeper #: __________  Date: __________  Time: ________
**Non-Medication Orders**

- **Cardiac Monitoring**: Indication _______________________
- **DX**: GI Bleed
- **Vitals**: Every 2 hours
- **Orthostatic vital signs upon arrival in observation unit**
- **Diet (Check One)**:
  - NPO
  - Regular/house
  - Clear Liquids
  - Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
  - 2 gram Na
  - Pureed
  - Other: ___________
- **Activity (Check One)**:
  - Ambulate ad lib
  - OOB to BR
  - Ambulate with assist
  - Other: ___________
- **Strict Intake and Output**: q shift
- **Insert Saline lock**
- **Labs at _____ (check box(es))**: 
  - CBC
  - lytes
  - other labs: ________________
- **Serial Hct/Hgb**: every 12 hours
- **Type and Screen, PT, PTT, INR**
- **O2 (circle)**: ______ liter/min; other ___________
- **Guaiac stools / emesis prn**
- **Notify MD for**: 
  - HR < 55 or > 100
  - RR < 12 or > 25
  - Temp < 96 F or > 100.4 F
  - SBP < 100, SBP > 170, DBP > 120
  - SaO2 < 90%
- **Consult Dr.**
  - Reason for Consult: ________________________________

**Medication Orders**

- **IV fluids**: @ _____ ml/hr x _____ liters
- **Analgesics**: use the pain control order set
- **Acetaminophen 650 mg PO/PR every 4hrs 6 hrs (check one) PRN**
- **Pain Score 1 - 4 and/or Temp > 101 F**
- **For smokers: nicotine (Nicoderm)**
- **Esomeprazole (Nexium) IV 40 mg twice daily**
- **7 mg 14mg 21 mg (check one) patch topically Daily**
- **Ondansetron (Zofran) 4 mg IV PO (check route)**
- **Metoclopramide (Reglan) 5mg 10 mg (check one)**
- **IV PO (check route) every 6 hours PRN nausea/vomiting**

**Other Medications**

- **Consult Dr.**
  - Reason for Consult: ________________________________

**ALLERGY STICKER**

- **Date/Time**: Refer to Observation For Service of Dr.

**DO NOT USE ABBREVIATIONS**: µ, mcg, u, iu, QD, QID, B.I.W., T.I.W., MgSO4, MS04, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

---

**Non-Medication Orders**

- Cardiac Monitoring: Indication _______________________
- DX: GI Bleed
- Vitals: Every 2 hours
- Orthostatic vital signs upon arrival in observation unit
- Diet (Check One): NPO Regular/house Clear Liquids Carbohydrate Controlled (1800 kcal/day, no conc. Sweets) 2 gram Na Pureed Other: ___________
- Activity (Check One): Ambulate ad lib OOB to BR Ambulate with assist Other: ___________
- Strict Intake and Output: q shift
- Insert Saline lock
- Labs at _____ (check box(es)): CBC lytes other labs: ________________
- Serial Hct/Hgb: every 12 hours
- Type and Screen, PT, PTT, INR
- O2 (circle): ______ liter/min; other ___________
- Guaiac stools / emesis prn
- Notify MD for: HR < 55 or > 100 RR < 12 or > 25 Temp < 96 F or > 100.4 F SBP < 100, SBP > 170, DBP > 120SaO2 < 90%
- Consult Dr.
  - Reason for Consult: ________________________________

**Medication Orders**

- IV fluids: @ _____ ml/hr x _____ liters
- Analgesics: use the pain control order set
- Acetaminophen 650 mg PO/PR every 4hrs 6 hrs (check one) PRN
- Pain Score 1 - 4 and/or Temp > 101 F
- For smokers: nicotine (Nicoderm)
- Esomeprazole (Nexium) IV 40 mg twice daily
- 7 mg 14mg 21 mg (check one) patch topically Daily
- Ondansetron (Zofran) 4 mg IV PO (check route)
- Metoclopramide (Reglan) 5mg 10 mg (check one)
- IV PO (check route) every 6 hours PRN nausea/vomiting

---

**MD Signature: ________________________**  **Beeper #: __________**  **Date: __________**  **Time: ______**

---

**HCC Form #1903 Revised 6-10**

**GI Bleed Observation Physician Orders**
### HEADACHE RISK STRATIFICATION TOOL

#### UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC … (ANYTHING)

Level of Care determination after Risk Stratification (Check One):  [ ] Observation  [ ] Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Acutely deteriorating neurologic exam</td>
</tr>
<tr>
<td>☐ Suspected meningitis</td>
</tr>
<tr>
<td>☐ Hypertensive emergency (diastolic &gt; 120 with symptom)</td>
</tr>
<tr>
<td>☐ Acute Seizure (see seizure obs order set)</td>
</tr>
<tr>
<td>☐ Loss Coordination</td>
</tr>
<tr>
<td>☐ Abnormal new acute findings on Head CT scan</td>
</tr>
<tr>
<td>☐ Abnormal LP (if performed)</td>
</tr>
<tr>
<td>☐ Tender temporal artery and/or grossly elevated ESR (if performed)</td>
</tr>
<tr>
<td>☐ Blocked VP shunt</td>
</tr>
</tbody>
</table>

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***

<table>
<thead>
<tr>
<th>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Parenteral pain medicine treatment in ER &gt; once</td>
</tr>
<tr>
<td>☐ Headache not resolving during ER evaluation</td>
</tr>
<tr>
<td>☐ Possible pathologic cause of the headache</td>
</tr>
</tbody>
</table>

#### Observation Unit Disposition Decision

<table>
<thead>
<tr>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign observation course</td>
<td></td>
</tr>
<tr>
<td>Stable vital signs</td>
<td></td>
</tr>
<tr>
<td>Appropriate home environment</td>
<td></td>
</tr>
<tr>
<td>Deterioration of clinical course</td>
<td></td>
</tr>
<tr>
<td>Unstable vital signs</td>
<td>Any criteria present</td>
</tr>
<tr>
<td>No resolution of pain</td>
<td></td>
</tr>
<tr>
<td>Diagnosis requiring inpatient admission</td>
<td></td>
</tr>
</tbody>
</table>

---

**MD Signature: ____________________________ Beeper #: _______ Date: _______ Time: _______**

---

HCC Form #1904 Revised 6-10

Headache Observation Physician Orders
### Non-Medication Orders

- **DX:** Headache
- **Vitals:** Every 4 hours
- **Diet (Check One):**
  - Regular/house
  - Clear Liquids
  - NPO
- **Carbohydrate Controlled (1800 kcal/day, no conc. Sweets):**
- **2 gram Na:** Pureed
- **Activity (Check One):** Ambulate ad lib
- **OOB to BR:** Ambulate with assist
- **Insert Saline lock**
- **Labs at ________ (check box(es)):** CBC, lytes
- **Other labs:**
- **O2 (circle):** per liter nasal
- **Notify MD for:** HR < 55 or > 100
- **RR < 12 or > 25**
- **Temp < 96 F or > 100.4F**
- **SBP < 100, DBP > 170, DBP > 120**
- **SaO2 < 90%**
- **Consult Dr.**
- **Reason for Consult:**

### Medication Orders

- **IV fluids:** 
  - @ _____ ml/hr x _____ liters
- **Analgesics:** use the pain control order set
  - **Acetaminophen 650 mg PO/PR every 6 hrs (check one) PRN**
- **For smokers:** Nicotine (Nicoderm)
  - **7 mg**
  - **14 mg**
  - **21 mg (check one) patch topically Daily**
- **Ondansetron (Zofran) 4 mg** IV
- **Metoclopramide (Reglan) 5 mg** IV
- **Consult Dr.**
- **Reason for Consult:**

### Other Medications:

- **Notify MD for:** HR < 55 or > 100
- **RR < 12 or > 25**
- **Temp < 96 F or > 100.4F**
- **SBP < 100, DBP > 170, DBP > 120**
- **SaO2 < 90%**

**Date/Time:** Refer to Observation
**For Service of Dr.:**

**DO NOT USE ABBREVIATIONS:** µ, mcg, u, iu, QD, QID, B.i.W., T.I.W., MgS04, MS04, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

**MD Signature:** ____________________________ **Beeper #:** __________ **Date:** __________ **Time:** _______
## Metabolic Abnormality Risk Stratification

**Level of Care determination after Risk Stratification (Check One):**
- [ ] Observation
- [ ] Admit

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.***

### ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)

#### HYPOGLYCEMIA
- Intentional overdose hypoglycemic meds
- Intake large amounts long acting oral hypoglycemics
- Altered mental status in spite of glucose treatment
- Serious precipitating cause

#### HYPERGLYCEMIA
- Ketoacidosis: pH<7.30 or total CO2<18 or anion gap >15
- Hyperosmotic hypertonic syndrome
- Glucose > 600 mg/dl
- Serious precipitating cause

#### SERUM POTASSIUM
- K < 2.5 or > 6.0 mEq/dl
- Cardiac dysrhythmia
- Serious precipitating cause

#### SERUM SODIUM
- Na < 120 or > 150 mEq/dl with mental status changes

### OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)

- Inability to correct symptoms
- Inability to take po fluids
- Inability to sufficiently correct abnormal findings:
  - BS < 50 mg/dl despite two bolus 50% glucose
  - K < 3.0 or > 5.5 mEq/L no EKG changes
  - Na < 120 or > 150 mEq/L no mental status change
  - BS > 400 mg/dl with one of following:
    - disorientation/increasing lethargy
    - new onset type 1 diabetes
    - postural systolic bp drop > 30

### Observation Unit Disposition Decision

<table>
<thead>
<tr>
<th>Resolution of symptoms</th>
<th>All criteria present</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precipitating factor(s) addressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking po fluids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal metabolic factor adequately corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate social situation at home</td>
<td></td>
<td>ADMIT</td>
</tr>
<tr>
<td>Deterioration of clinical status</td>
<td>Any criteria present</td>
<td></td>
</tr>
<tr>
<td>Cardiac dysrhythm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to adequately treat precipitating factors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**METABOLIC ABNORMALITY OBSERVATION PHYSICIAN ORDERS**

MD Signature: ___________________________  Beeper #: ________  Date: ________  Time: ________

HCC Form #1905 Revised 6-10

Metabolic Abnormality Observation Physician Orders

The Hospital of Central Connecticut
### Non-Medication Orders

- **Cardiac Monitoring:** Indication ______________________
- **DX:** Metabolic Derrangement of ______________________
- **Vitals:** Every 4 hours
- **Diet (Check One):**
  - Regular/house
  - Clear Liquids
  - NPO
  - Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
  - 2 gram Na
  - Pureed
  - Other: ______________
- **Activity (Check One):**
  - Ambulate ad lib
  - OOB to BR
  - Ambulate with assist
  - Other____
- **Intake and Output  q shift**
- **Insert Saline lock**
- **Labs at _______ (check box(es)):**
  - CBC
  - Lytes
- **Other labs:** __________________________________
- **O2 (circle):** _____ liter/min; Other ______
- **Notify MD for:**
  - HR < 55 or > 100
  - RR < 12 or > 25
  - Temp < 96 F or > 100.4F
  - SBP < 100, SBP > 170, DBP > 120
  - SaO2 < 90%

### Medication Orders

- **IV fluids:** ______________________________________
  - @ _______ ml/hr x _____ liters
- **Analgesics:** use the pain control order set
- **Insulin:** Use the applicable Insulin Order Set
- **Acetaminophen 650 mg PO/PR every**
  - 4hrs
  - 6 hrs (check one) PRN
- **Pain Score 1 - 4 and/or Temp > 101F**
- **For smokers:** nicotine (Nicoderm)
  - 7 mg
  - 14mg
  - 21 mg (check one) patch topically Daily
- **Ondansetron (Zofran) 4 mg**
  - IV
  - PO (check route)
  - every 6 hours PRN nausea/vomiting
- **Metoclopramide (Reglan) 5mg**
  - IV
  - PO (check route) every 6 hours PRN nausea/vomiting

### Other Medications

- HCC Form #1905 Revised 6-10

**Metabolic Abnormality Observation Physician Orders**

**Date/Time:**

**Refer to Observation**

**For Service of Dr.**

**MD Signature:** ________________________________

**Beeper #:** __________  **Date:** __________  **Time:** ______

**ALLERGY STICKER**

Date/Time:  Refer to Observation For Service of Dr.

DO NOT USE ABBREVIATIONS: µ, mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO4, MS04, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.
## Pyelonephritis Risk Stratification Tool

**Unacceptable Diagnosis for Observation:** Social Admit, Failure to Thrive, Dizziness, Unable to Care for Self, Needs Placement, Unable to Ambulate, Chronic... (Anything)

**Level of Care Determination after Risk Stratification** (Check One):  
- Observation  
- Admit (Use the appropriate admission order forms)

**If Patient Meets ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

### Admission Criteria (Criteria that exclude the patient from observation level of care)

- Unstable Vital Signs
- Change in mentation
- Immunosuppression
- Underlying systemic disorder:
  - e.g. diabetes mellitus, renal failure, sickle cell
- Anatomic abnormality of urinary tract or presence of stones
- Males
- Renal Insufficiency with Cr Clearance of < 30

### Observation Criteria (Inclusion criteria that make observation level of care a possibility)

- Vital signs and mentation stable
- Patient has a diagnosis of Pyelonephritis

## Observation Unit Disposition Decision

<table>
<thead>
<tr>
<th>Criteria</th>
<th>DISCHARGE</th>
<th>ADMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC near normal or improving</td>
<td>All criteria present</td>
<td>No response to iv therapy, rising wbc</td>
</tr>
<tr>
<td>Stable vital signs</td>
<td></td>
<td>Inability to take po fluids or medicines</td>
</tr>
<tr>
<td>Taking po fluids and meds</td>
<td></td>
<td>Systemic symptoms fail to improve</td>
</tr>
<tr>
<td>Resolution or improvement of systemic symptoms</td>
<td></td>
<td>Unable to care for self, no home care</td>
</tr>
</tbody>
</table>

**Patient Must Meet All of the Below Criteria for Observation - Check Applicable Box(es)**

**This Risk Stratification Must Be Completed and Placed in the Chart.***

**MD Signature:** ____________________________  **Beeper #:** __________  **Date:** ___________  **Time:** ________

---

**HCC Form #1906 Revised 6-10**  
**Pyelonephritis Observation Physician Orders**
**Non-Medication Orders**

- DX: Pyelonephritis
- Vitals: q shift
- Diet (Check One):
  - Regular/house
  - Clear Liquids
  - NPO
  - Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
- 2 gram Na
- Pureed
- Other:
- Activity (Check One):
  - Ambulate ad lib
  - OOB to BR
  - Ambulate with assist
  - Other: ________________
- Intake and Output q shift
- Insert saline lock
- Labs at ______ (check box(es)):
  - CBC
  - Lytes
- Other labs:
- (Check up to One):
  - PAS Stockings or
  - Venodyne Boots
- Notify MD for:
  - HR < 55 or > 100
  - RR < 12 or > 25
  - Temp < 96 F or > 100.4F
  - SBP < 100, DBP > 120
  - SaO2 < 90%
- Care coordination consult

**Medication Orders**

- IV fluids:
  - @ __ ml/hr x ___ liters
- Analgesics: use the pain control order set
- Antibiotics
  - Ceftriaxone 1 gram IV daily
  - Ciprofloxacin ___ mg IV every ________ hours
  - (usual dose for normal renal function: 400mg IV every 12 hours)
  - (For use in patients with serious beta-lactam allergy or with previous resistant GNRs. Otherwise ID approval required w/in 24 hours. Document allergy)
- Acetaminophen 650 mg PO/PR every 4hrs or 6 hrs (check one) PRN

**Other Medications**

- Pain Score 1 - 4 and/or Temp > 101F
- For smokers: nicotine (Nicoderm) 7 mg 14mg 21 mg (check one) patch topically Daily
- Ondansetron (Zofran) 4 mg IV PO (check route) every 6 hours PRN nausea/vomiting
- Metoclopramide (Reglan) 5mg 10 mg (check one) IV PO (check route) every 6 hours PRN nausea/vomiting

---

**MD Signature: ____________________ Beeper #: ______ Date: ______ Time: ______**

HCC Form #1906 Revised 6-10

Pyelonephritis Observation Physician Orders
### Seizure Risk Stratification Tool

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION:** SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):**  
- Observation  
- Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

**DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care):**

- Status epilepticus
- Meningitis, positive LP
- CVA, SAH documented or suspected but not ruled out
- Brain mass (tumor, abscess, blood)
- Positive new acute findings on Head CT scan
- Delirium Tremens
- Known Organic Disease (dementia)
- Toxic exposure (e.g. theophylinee or CO toxicity)
- Abnormal labs no appropriate for Observation Unit
- Persistent new focal neurologic findings
- New EKG changes or significant arrhythmia
- Pregnancy or eclampsia
- Seizure due to hypoxemia

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility):**

- Hx seizures with breakthrough and/or subtherapeutic rx
- Seizure after head injury with normal neuro exam
- New onset seizure with Normal neuro exam and Head CT scan

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>All criteria present</th>
<th>Benign observation course</th>
<th>Therapeutic levels of anticonvulsants (if indicated)</th>
<th>Correction of abnormal labs</th>
<th>Appropriate home environment</th>
<th>Deterioration of clinical course</th>
<th>Unstable vital signs</th>
<th>Unstable dysrhythmia</th>
<th>Diagnosis requiring inpatient admission</th>
<th>Recurrent seizures or status epilepticus</th>
<th><strong>DISCHARGE</strong></th>
<th><strong>ADMIT</strong></th>
</tr>
</thead>
</table>

**MD Signature: _____________________________  **Beeper #: __________  **Date: __________  **Time: ________

**HCC Form #1907 Revised 6-10**

**Seizure Observation Physician Orders**
**Non-Medication Orders**

- **Cardiac Monitoring:** Indication: __________________________
- **DX:** Seizure
- **Vitals:** q 4 hours  Neuro Vital Signs: q 4 hours
- **Diet:**
  - [ ] Regular/house
  - [ ] Clear Liquids
  - [ ] NPO
  - [ ] Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
  - [ ] 2 gram Na
  - [ ] Pureed
  - [ ] Other: ______________
- **Activity:**
  - [ ] Ambulate ad lib
  - [ ] OOB to BR
  - [ ] Ambulate with assist
  - [ ] Other: ______
- **Seizure precautions**
- **Insert Saline lock**
- **CPK/MB/Troponin I & EKG every 4 hours x 2**
- **EKG PRN for chest pain or dysrhythmia**
- **O2:** _____ liter/min nasal; other ______
- **Labs at** (check box(es)): [ ] CBC [ ] lytes
- **Notify MD for:**
  - [ ] HR < 55 or > 100; SaO₂ < 90%
  - [ ] RR < 12 or > 25; Temp < 96 F or > 100.4 F
  - [ ] SBP < 100, SBP > 170, DBP > 120
- **Blood tests at**
  - [ ] phenytoin blood level
  - [ ] carbamazepine blood level
  - [ ] valproic acid blood level
  - [ ] phenobarb blood level
  - [ ] lytes blood test if on trileptal
- **Consult Dr.** ________________________________
  - **Reason for Consult:** ________________________________

**Medication Orders**

- **IV fluids:** ______________________________________
  - @ ______ ml/hr x _____ liters
- **Phenytoin (Dilantin) mg PO times daily**
- **Carbamazine (Tegretol) mg PO times daily**
- **Other anticonvulsants:** ____________________________
- **Acetaminophen 650 mg PO/PR every**
  - [ ] 4hrs
  - [ ] 6 hrs (check one) PRN
- **Pain Score 1 - 4 and/or Temp > 101F**
  - [ ] 7 mg
  - [ ] 14mg
  - [ ] 21 mg (check one) patch topically Daily
- **Other Medications:** ________________________________

**Seizure Observation Physician Orders**

- [ ] Refer to Observation
  - For Service of Dr.

**ALLERGY STICKER**

Date/Time:

- [ ] Refer to Observation
  - For Service of Dr.

DO NOT USE ABBREVIATIONS: µ, mcg, u, ui, QD, QID, QOD, B.I.W., T.I.W., MgS04, MS04, MS, HISS, RISS, AD, AU, AS

Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

**MD Signature:** ________________________________

**Beeper #:** __________

**Date:** __________

**Time:** ________
**SYNCOPE RISK STRATIFICATION TOOL**

*Unacceptable diagnosis for observation: Social Admit, Failure to thrive, Dizziness, Unable to care for self, Needs placement, Unable to ambulate, Chronic ... (anything)*

Level of Care determination after Risk Stratification (Check One):  ☐ Observation  ☐ Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

<table>
<thead>
<tr>
<th>Admission Criteria (criteria that exclude the patient from observation level of care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Suspected acute stroke / TIA</td>
</tr>
<tr>
<td>☐ Persistently altered mental status</td>
</tr>
<tr>
<td>☐ Witnessed seizure</td>
</tr>
<tr>
<td>☐ Unstable vital signs</td>
</tr>
<tr>
<td>☐ Documented or highly suspected unstable dysrhythmia</td>
</tr>
<tr>
<td>☐ Diagnostic EKG changes or positive biomarkers</td>
</tr>
<tr>
<td>☐ High HCC cardiac risk score &gt; 4 points</td>
</tr>
</tbody>
</table>

**Patient must meet one of the below criteria for observation - check applicable box(es)**

***This risk stratification must be completed and placed in the Chart.***

<table>
<thead>
<tr>
<th>Observation Criteria (inclusion criteria that make observation level of care a possibility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Possible pathologic cause of the syncope</td>
</tr>
<tr>
<td>☐ Intermediate HCC cardiac risk score (2-4 points)</td>
</tr>
</tbody>
</table>

**Observation Unit Disposition Decision**

<table>
<thead>
<tr>
<th>Benign observation course</th>
<th>Stable vital signs</th>
<th>Deterioration of clinical course</th>
<th>Unstable vital signs or unstable dysrhythmia</th>
<th>Diagnosis requiring inpatient admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>All criteria present</td>
<td>Any criteria present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISCHARGE</td>
<td>ADMIT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HCC Cardiac Risk Score tool for Use in ED Patients with Possible ACS**

Non diagnostic EKG changes (1 point)

☐ EKG ST segment changes (< 1 mm ST seg change)

☐ OR T wave changes OR LBBB

Age / sex (1 point)

☐ (Male > 45 years old; Female > 55 years old)

Past history CAD (2 points)

☐ (Angina or PCI or Coronary surgery or MI)

Cardiac Risk Factors (up to 5 points)

☐ Family history of CAD

☐ hyperlipidemia

☐ diabetes mellitus

☐ history of smoking

☐ hypertension

Chest Pain (up to 3 points)

☐ substernal

☐ exercise related

☐ relieved with NTG

Chest Pain Equivalent (up to 4 points)

☐ syncope

☐ SOB/dyspnea

☐ rapid heart beat

☐ unexplained weakness

ADD UP TOTAL # POINTS ABOVE:

---

MD Signature: ___________________________  Beeper #: __________  Date: __________  Time: __________

HCC Form #1908 Revised 6-10  Syncope Observation Physician Orders
**Non-Medication Orders**

- **DX:** Syncope
- **Vitals:** every 4 hours
- **Diet (Check One):**
  - Regular/house
  - Clear Liquids
  - NPO
  - Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)
  - 2 gram Na
  - Pureed
  - Other:
- **Activity (Check One):**
  - Ambulate ad lib
  - OOB to BR
  - Ambulate with assist
- **Intake and Output q shift**
- **Insert Saline lock**
- **CPK/MB/Troponin I & EKG q 4 h x’s 2**
- **EKG prn for chest pain or dysrhythmia**
- **O2:** ______ liter/min nasal; other ______
- **2 D cardiac echocardiogram**
- **Notify MD for:**
  - HR < 55 or > 100
  - RR < 12 or > 25
  - Temp < 96 F or > 100.4F
  - SBP < 100, SBP > 170, DBP > 120
  - SaO2 < 90%
- **Consult Dr.:**
  - Reason for Consult: ________________

**Medication Orders**

- **IV fluids:**
  - @ ______ ml/hr x ______ liters
- **Aspirin (Check One):**
  - Aspirin 81 mg, chew 3 tabs PO now (unless taken in ER)
  - Hold aspirin because contraindicated
  - Patient received aspirin within 24 hours of hospital arrival
- **Acetaminophen 650 mg PO/PR every:**
  - 4hrs
  - 6 hrs (check one) PRN
- **Pain Score 1 - 4 and/or Temp > 101F**
- **For smokers: Nicotine (Nicoderm)**
  - 7 mg
  - 14mg
  - 21 mg (check one) patch topically Daily

**Other Medications:**

**MD Signature:** ________________________________
**Beeper #:** __________  **Date:** __________  **Time:** ______

**HCC Form #1908 Revised 6-10**