

PHYSICIAN'S ORDERS



ALLERGIES:

ORDERED		PRIMARY MD: DR. _____ NEPHROLOGY ORDERS	TIME ORDER NOTED
Date	Time		
		1. Admit to ICU	
		2. Diagnosis:	
		3. Lab: PT/PTT, CBC, BMP	
		4. Diet: Renal	
		_____ ml fluid restriction for 24 hours	
		_____ Diabetic _____ Non-Diabetic	
		5. Vital signs every _____ hours	
		6. Telemetry	
		7. O2 Sat monitoring	
		8. No blood pressure, venipunctures, or injections in _____ arm	
		9. Weigh each AM (morning); record in kilograms	
		10. Activity: Bed rest	
		11. Medications:	
		Acetaminophen (Tylenol) 650 mg by mouth every 4 hours as needed for temp above 100.6 and pain	
		Promethazine (Phenergan) 12.5 mg by mouth or 25 mg per rectum every 4 hours as needed for nausea / vomiting	
		Infusion Rx: see Radiology	
		12. Old chart to floor	
		13. Call home dialysis unit for "Admission Packet"	
		14. Call attending Nephrologist for admission orders if access problem not resolved by end of day	
		Physician Signature: _____	Date/Time: _____

▼ Addressograph / Patient Label ▼



STANDING ORDERS FOR ADMIT THROMBOLYSIS