Use Ball Point Pen Only

"Authorization is hereby given to dispense the Generic or therapeutic equivalent unless indicated by the words—NO SUBSTITUTE"

Clinical Decision Support Orders

Patient Status Info	☒ **This patient has been physically examined and assessed and will be on the Service of Dr. _____** **who will be available on their personal cell phone at _____** ☒ ICD 10 Codes: _____
Consults	☐ I have already contacted Dr. _____ who will consult for _____
Activity	☐ Bed rest with Bathroom Privileges ☐ Up with assistance ☐ Ambulate as tolerated
Nursing	☒ Vital Signs on arrival and as needed for patient symptoms and medication assessments ☒ Insert saline lock ☐ Record all I & O ☐ Orthostatic Blood Pressures ☐ Capillary Blood Glucose as needed for symptoms of _____ and follow Capillary Blood Glucose Protocol (PHA 117/NSG-MED 236) ☐ Oxygen@ _____ liters per minute via nasal cannula and titrate as per protocol
Diet	☐ NPO ☐ Clear Liquids ☐ Light Snacks available on unit as requested
Lab—to be done STAT	☐ CBC with Diff ☐ PT/PTT/INR ☐ Basic Metabolic Panel ☐ Complete Metabolic Panel ☐ Pro Brain Natriuretic Peptide ☐ Procalcitonin ☐ Amylase ☐ Lipase ☐ Urinalysis ☐ Urine Pregnancy ☐ Type and Cross for 1 unit PRBC to be transfused NOW and followed by Hgb ☐ Blood Cultures x 2 prior to any Antibiotics NOW ☐ Urine Culture for symptoms of _____ NOW
Respiratory Therapy	☐ ABG STAT (Circle One: Room Air Patient's home O2 level of _____ lpm) ☐ Peak Flow ☐ Albuterol (Proventil ®) 2.5 mg per Hand Held Nebulizer NOW and every 2 hrs as needed for wheezing ☐ Albuterol/Ipratropium (DuoNeb®) 3 ml per Hand Held Nebulizer NOW and every 4 hrs as needed for wheezing If both albuterol and DuoNeb are ordered begin with DuoNeb order and use albuterol alone for wheezing not relieved by DuoNeb
Diagnostic Imaging	☐ CXR 2 view PA and Lateral NOW **Ordering Provider MUST obtain Authorization for any of the following Diagnostic Imaging Studies** ☐ Ultrasound of _____ NOW **Authorization #**_____ ☐ CT of _____ without contrast NOW **Authorization #**_____
Diagnostics	☐ EKG NOW
IV Fluids	☐ Normal Saline Bolus of (Circle One: 250 ml 500 ml 1 liter) at 999 ml per hour NOW ☐ Normal Saline at (Circle One: 20 50 100 125 150) ml per hour NOW
Medications and Other Orders as Indicated **Do NOT use:** • **U or u (Unit)** • **IU (International Units)** • **MgSO4 (Magnesium Sulfate)** • **MS or MSO4 (Morphine Sulfate)**	

Print Practitioner Name:

Practitioner Signature: **Date:** **Time:**

Allergies: ☐ **NKDA** ☐ **Other:**

Randolph Health

Patient Full Name:_____

Patient DOB: _____ **M or F**

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CDUORD

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Clinical Decision Unit Orders