

PHYSICIAN'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time
Ordered

INPATIENT ROUTINE ORDERS - NEUROLOGY

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Date/Time

- 1) **Admit to:** _____
 Inpatient Cardiac Monitor
Primary Care MD: _____
 Consult MD _____
 Consult Hospitalist
 Previous Medical Records to Department
 No Open Chart / Reason _____
 Do **NOT** Implement Standing PRN Orders
- 2) **Diagnosis:** _____
- 3) **Allergies:** _____
- 4) **CPR Status:** No Code Full Code Other _____
- 5) **Vital Signs**
G VS every 4 hrs while awake, Peripheral Circulation, Motor & Sensory CMS checks and drain output
- 6) **Respiratory (Cardiopulmonary):**
 O2 PRN to maintain O2 sat \geq 90% or baseline.
- 7) **Intravenous Therapy:**
G IV LR @ _____ mL/hr. D/C prior to discharge.
- 8) **Labs:**

- 9) **Radiology / Reason:**

- 10) **Diet:**
 As tolerated

- 11) **Activity:**

- 12) **Nursing Orders:**
 Straight cath PRN.
- 13) **Antibiotics:**
 Cefazolin (Ancef) Gm 2 IVPB in pre op for back and neck surgery patients.
IF the patient has had an anaphylactic reaction to Penicillin or cannot take cefaclor (Ceclor) or cephalixin (Keflex), give Vancomycin 500 mg IVPB.
- 14) **Other Medications:**
 Scopolamine patch 1.5 mg behind left ear, if patient not allergic.
 Dolasetron (Anzemet) 12.5 IVP x 1 for nausea/vomiting
 Diazepam (Valium) 2.5 – 5 mg IV q 6 hours PRN anxiety, muscle spasms
 Dexamethasone (Decadron) 10 mg IV every 6 hours PRN hypersensitivity
 Acetaminophen (Tylenol) 650 mg PRN temp > 101E or for pain.
(Tylenol not to exceed 4000 mg/24 hours.
 Cyclobenzaprine (Flexeril) 10 mg po q 8 hours PRN muscle spasms
 Diphenhydramine (Benadryl) 25-50 mg every 6 hours IVP PRN itching/sleep.
 May send promethazine (Phenergan) 25 mg suppository home with patient for nausea/vomiting
 If present, remove scopolamine patch in 72 hours.
 If patient discharged with scopolamine patch, please have nursing staff instruct patient to remove patch on day 3.

Physician Signature



PATIENT ID

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15) Referrals:

- | | |
|---|--|
| <input type="checkbox"/> Rehab Services; evaluate and treat | <input type="checkbox"/> Wound Care Consult |
| <input type="checkbox"/> PT | <input type="checkbox"/> Hospice Consult |
| <input type="checkbox"/> OT | <input type="checkbox"/> Long Term Care Consult |
| <input type="checkbox"/> ST | <input type="checkbox"/> Financial Consult |
| <input type="checkbox"/> Complimentary Medicine Consult | <input type="checkbox"/> Dietary Consult _____ |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Diabetic Consult |
| <input type="checkbox"/> Healing Touch | <input type="checkbox"/> CMC Consult |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Case Management Consult _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cardiopulmonary Consult |
| <input type="checkbox"/> Home Health Consult | <input type="checkbox"/> Other _____ |

Physician Signature