The Hospital of Central Connecticut

Allergic Reaction Observation
Physician Orders

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., 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.

Non-Medication Orders	Medication Orders
☐ **Cardiac Monitoring: Indication _____**	☐ IV fluids: _____
DX: Allergic Reaction	@ _____ ml/hr x _____ liters
☐ Vitals: Every 4 hours	☐ Albuterol neb 2.5mg every _____ hours (every 4 or 6 hours)
Diet (Check One): ☐ Regular/house ☐ Clear Liquids ☐ NPO	☐ Methylprednisolone (Solumedrol) 125 mg IV x 1
☐ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	☐ Prednisone _____ mg PO ☐ Daily ☐ twice daily (check one)
☐ 2 gram Na ☐ Pureed ☐ Other:_____	☐ Acetaminophen 650 mg PO/PR every 6 hrs PRN
Acitivity (Check One): ☐ Ambulate ad lib ☐ OOB to BR	Pain Score 1 - 4 and/or Temperature > 101F
☐ Ambulate with assist ☐ Other: _____	☐ Diphenhydramine (Benadryl) ☐ 25 ☐ 50 mg (check one)
☐ Intake and Output q shift	☐ IV ☐ PO (check route) every 6 hours PRN allergic reaction
☐ Insert saline lock	☐ For smokers: Nicotine (Nicoderm)
Labs at _____ (check box(es)): ☐ CBC ☐ lytes	☐ 7 mg ☐ 14mg ☐ 21 mg (check one) patch topically Daily
☐ other labs: _____	**Other Medications:**
☐ 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	
SaO_2 < 90%	
☐ Epi-pen teaching	

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____