The Hospital of Central Connecticut

Back Pain 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: Back Pain	@ _____ ml/hr x _____ liters
☐ Vitals: Every 4 hours	☐ Analgesics: use the pain control order set
Diet (Check One): ☐ NPO ☐ Regular/house ☐ Clear Liquids	☐ Acetaminophen 650 mg PO/PR every 6 hrs PRN
☐ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	pain score 1-4 **and/or** Temp > 101F
☐ 2 gram Na ☐ Pureed ☐ Other: _____	☐ For smokers: Nicotine (Nicoderm)
Acitivity (Check One): ☐ Ambulate ad lib ☐ OOB to BR	☐ 7 mg ☐ 14mg ☐ 21 mg (check one) patch topically Daily
☐ Ambulate with assist ☐ Other:_____	☐ Ibuprofen ☐ 400 mg ☐ 600 mg ☐ 800 mg (check one)
☐ Intake and Output q shift	PO every ☐ 4 ☐ 6 or ☐ 8 hours (check one) PRN pain
☐ Insert Saline lock	***Do not use if ibuprofen ordered on Acute Pain Order Set***
Labs at _____ (check box(es)): ☐ CBC ☐ lytes	(Maximum daily dose 2400 mg)
☐ other labs: _____	**Skeletal Muscle Relaxant (check only one)**
☐ O_2 (circle): _____ liter/min; Other _____	☐ Cyclobenzaprine (Flexeril) 10 mg PO 3 times daily
☐ Notify MD for: HR < 55 or > 100	☐ Carisoprodol (Soma) 350 mg PO 4 times daily
RR < 12 or > 25	
Temp < 96 F or > 100.4F	**Other Medications:**
SBP < 100, SBP > 170, DBP > 120	
SaO_2 < 90%	
☐ Physical therapy assessment	

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