The Hospital of Central Connecticut

Pyelonephritis 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
DX: Pyelonephritis	☐ IV fluids: _____
☐ Vitals: q shift	@ _____ ml/hr x _____ liters
Diet (Check One): ☐ Regular/house ☐ Clear Liquids ☐ NPO	☐ Analgesics: use the pain control order set
☐ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	**Antibiotics**
☐ 2 gram Na ☐ Pureed ☐ Other: _____	☐ Ceftriaxone 1 gram IV daily
Acitivity (Check One): ☐ Ambulate ad lib ☐ OOB to BR	☐ Ciprofloxacin _____ mg IV every _____ hours
☐ Ambulate with assist ☐ Other: _____	(usual dose for normal renal function: 400mg IV every 12 hours)
☐ Intake and Output q shift	(For use in patients with serious beta-lactam allergy
☐ Insert saline lock	or with previous resistant GNRs. Otherwise
Labs at _____ (check box(es)): ☐ CBC ☐ lytes	**ID approval required w/in 24 hours. Document allergy)**
☐ other labs: _____	☐ Acetaminophen 650 mg PO/PR every 6 hrs PRN
(Check up to One) ☐ PAS Stockings or ☐ Venodyne Boots	Pain Score 1 - 4 and/or Temp > 101F
☐ Notify MD for: HR < 55 or > 100	☐ For smokers: nicotine (Nicoderm)
RR < 12 or > 25	☐ 7 mg ☐ 14mg ☐ 21 mg (check one) patch topically Daily
Temp < 96 F or > 100.4F	☐ Ondansetron (Zofran) 4 mg ☐ IV ☐ PO (check route)
SBP < 100, SBP > 170, DBP > 120	every 6 hours PRN nausea/vomiting
SaO_2 < 90%	☐ Metoclopramide (Reglan) ☐ 5mg ☐ 10 mg (check one)
☐ Care coordination consult	☐ IV ☐ PO (check route) every 6 hours PRN nausea/vomiting
	Other Medications:

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