

ALLERGY STICKER

Date/Time:	<input type="checkbox"/> Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, 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
<input type="checkbox"/> <b>Cardiac Monitoring:</b> Indication <u>  syncope  </u>	<input type="checkbox"/> IV fluids: _____
<b>DX: Syncope</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: every 4 hours	<b>Aspirin (Check One):</b>
<b>Diet (Check One):</b> <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Aspirin 81 mg, chew 3 tabs PO now (unless taken in ER) <b>OR</b>
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> Hold aspirin because contraindicated <b>OR</b>
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Patient received aspirin within 24 hours of hospital arrival
<b>Activity (Check One):</b> <input type="checkbox"/> Ambulate ad lib	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every 6 hrs PRN
<input type="checkbox"/> OOB to BR <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	Pain Score 1 - 4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Insert Saline lock	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> CPK/MB/Troponin I & EKG q 4 h x's 2	<b>Other Medications:</b>
<input type="checkbox"/> EKG prn for chest pain or dysrhythmia	
<input type="checkbox"/> O <sub>2</sub> : _____ liter/min nasal; other _____	
<input type="checkbox"/> 2 D cardiac echocardiogram	
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Consult Dr. _____	
Reason for Consult: _____	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_