

ATTENTION PHYSICIANS: Please indicate dose, route and frequency of each medication ordered.
Medications are discontinued per hospital policy unless otherwise specified.

All orders without check boxes will be initiated. Physician may cross off orders by drawing a line through and initialing. Other orders MUST HAVE box checked or completed.

9. <input type="checkbox"/> Oxygen : _____ @ _____	
10. Studies: <input type="checkbox"/> EKG in AM <input type="checkbox"/> EKG PRN for chest pain & notify the physician <input type="checkbox"/> Chest X-ray in AM for diagnosis of: _____ <input type="checkbox"/> Echocardiogram for: <input type="checkbox"/> CHF <input type="checkbox"/> Valvular Disease <input type="checkbox"/> Dyspnea Specify Cardiologist to read Echo: Dr. _____ <input type="checkbox"/> Last echocardiogram to chart < PRINT REPORT FOR CHART <input type="checkbox"/> Last cardiac cath < PRINT REPORT FOR CHART <input type="checkbox"/> MUGA results from prior study < PRINT REPORT FOR CHART	
11. Labs: <input type="checkbox"/> BNP, if not already drawn in the Emergency Department <input type="checkbox"/> Basic Panel every AM x 3 <input type="checkbox"/> CPK times 2 every 8 hours, call if abnormal <input type="checkbox"/> Troponin with CPK draw, call if abnormal <input type="checkbox"/> Old chart to floor	
12. Activity: <input type="checkbox"/> Bedrest only <input type="checkbox"/> Bathroom Privileges <input type="checkbox"/> Up as tolerated <input type="checkbox"/> Other <input type="checkbox"/> PT/OT Evaluate/Treat	
13. Nutrition/Diet: <input type="checkbox"/> Cardiac/2 Gram Sodium <input type="checkbox"/> Other	
14. Fluid Restriction: _____ ml per / 24 hours	
15. Notify if Output: <input type="checkbox"/> Urine output goal: 1000 ml in 8 hours <input type="checkbox"/> Other urine output goal: _____ ml in 8 hours	
16. Daily Weight every morning	
17. Strict Intake and Output	
18. Vital Signs: <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> Other (specify) _____	
19. Old chart to floor	

Authorization is granted to supply by non-proprietary name as per formulary policy unless checked here. <input type="checkbox"/>			
Doctor x	Reg. No.		
Verbal/Telephone orders read back <input type="checkbox"/> yes	Date	Time	
Noted By X	R.N.	Date	Time