

For Back Up Use

This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

For daily use, please access the version on EntryPoint

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for "EntryPoint Launch" and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





PATIENT INFORMATION

Height	cm Weight kg			
Allergies		_		
,	Adult Emergency Department Interim Admission Order Set	М	К	0
Orders				
Processed Date	Admission	ı	ì	
(dd/mm/yyyy)	Admit to (service): Dr:			
	** Admission Orders should be completed by 1000 hours or (hhmm) the following day**			
	Specific coverage instructions with times:			
Time (hhmm)	Diagnosis:			
	Comorbidities:			
	Code Status: Full Resuscitation			
	Complete Best Possible Medication History Reconciliation and Prescriber Order Form (ORD37)			
Ву	Consults			
	☐ Discharge Planning			
	CCAC – Reason:			
Status	☐ Palliative Care – Reason:			
	Occupational therapist – Reason:			
	Physiotherapist – Reason:			
Processing	Other:			
Reviewed by				
	Diet	ı		
	□ DAT □ Standard diabetic diet □ Renal □ NPO, medications with sips			
Status	Activity			
	AAT Bed Rest Other:			
Faxed by	Vitals/Monitoring	i		
	Vitals			
	☐ Height and Weight on admission to be documented in Meditech			
	Pain Score q h and PRN			
	☐ Temp, HR, RR, BP, SpO₂ qh and PRN			
	Monitoring			
	☐ Continuous cardiac monitoring			
	☐ Intake and Output q shift			
	Lines/Tubes	ı		
	Urinary Catheter			
	☐ Insert Foley catheter Reason:			
	Reassess need for catheter within 24 hours of insertion			
☐ Telephone	Order	<u> </u>		
□ Telephone Order Ordering Practitioner, Designation Signature Date/Time (dd/mm/y			mm)	_
		-	l Bac	k
ii reiebiione (Ordering Physician Date (dd/mm/yyyy) Time (hhmm)	\ c at	טמט	r\
	Cracing i nysician Date (damin'nyyyy) Inne (inninin)			



PATIENT INFORMATION

Height	cm Weight kg			
Allergies		_		
A	Adult Emergency Department Interim Admission Order Set	M	K	0
Orders Processed	Respiratory			
Date	Oxygen Therapy			
(dd/mm/yyyy)	☐ Titrate O₂ to keep SpO₂ greater than 92% and less than 96%			
	☑ If patient has chronically elevated PaCO₂: Titrate O₂ to keep SpO₂ between 88% and 92%			
Time (hhmm)	Lab Investigations			
,	Complete the following labs at (hhmm) on (dd/mm/yyyy)			
	☐ CBC ☐ Creatinine ☐ Troponin ☐ Na, K, Cl ☐ TCO ₂			
By	Additional Labs:	-		
,	Additional Lab Investigations			
	Capillary Blood Glucose monitoring:			
Status	Additional Labs:	-		
		-		
	Diagnostics	į		
Processing	CXR PA and Lateral Reason:	-		
Reviewed by	CT (Fax requisition)			
	Ultrasound Reason:	-		
	Cardiology			
Status	STAT ECG with chest pain and notify physician			
	ECG at (hhmm)			
	IV Fluids			
Faxed by	□ IV Fluid: at mL/h			
	Other IV Orders			
	☐ Saline lock			
	Diabetes Management			
	☐ Diabetes Acute Adult Subcutaneous Insulin Order Set (Prescriber to complete)			
	Other:	-		
	Fever Management			
	Maximum acetaminophen from all sources 4,000 mg in 24 hours			
	Maximum ibuprofen from all sources 2,400 mg in 24 hours			
	☐ acetaminophen 650 mg ☐ PO/NG ☐ PR q4h PRN if Temp greater than or equal to 38.5°C			
	ibuprofen 400 mg PO q4h PRN if Temp greater than or equal to 38.5°C			
☐ Telephone	Order			
•	Ordering Practitioner, Designation Signature Date/Time (dd/mm/yy	yy hh	mm)	_
If Telephone (Order	Read	Bac	k
	Ordering Physician Date (dd/mm/yyyy) Time (hhmm)			



PATIENT INFORMATION

Height	cm Weight kg			
Allergies				
	Adult Emergency Department Interim Admission Order Set	М	к	0
Orders	Pain Management			
Processed Date (dd/mm/yyyy)	Maximum acetaminophen from all sources 4,000 mg in 24 hours acetaminophen 650 mg PO/NG q4h PRN morphine mg IV q hour PRN for pain morphine mg subcutaneous q hour PRN for pain Other:			
,	VTE Prophylaxis			
	□ No pharmacological VTE prophylaxis – Reason:			
Ву	 ☑ Reassess VTE prophylaxis daily if not ordered ☐ enoxaparin 40 mg subcutaneous once daily ☐ enoxaparin 30 mg subcutaneous once daily (consider if Creatinine Clearance less than 30 mL/minute 			
Status	or weight less than 40 kg) heparin 5,000 units subcutaneous q12h (consider if more severe renal impairment or on dialysis) If enoxaparin or heparin ordered then:			
Processing Reviewed by	☐ CBC, Creatinine prior to initiating therapy if not already ordered☐ CBC day 1 to monitor platelet count then physician to re-assess			
	Mechanical Prophylaxis ☐ TED stockings			
Status	 ☐ TED stockings ☐ If only mechanical prophylaxis ordered, reassess daily for change to pharmacological prophylaxis ☐ Reassess VTE Prophylaxis therapy when patient is ambulating and on day of discharge 			
	Additional Orders			
Faxed by				
☐ Telephone	Order			
	Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyy	-	-	
If Telephone (Ordering Physician Date (dd/mm/yww) Time (hhmm)	Read	Bac	·Κ