Catholic Health System

Patient Identification Information

❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ❑ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
❑ KENMORE MERCY HOSPITAL • Kenmore, NY ❑ MERCY HOSPITAL • Buffalo, NY ❑ MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

❑ **No Known Allergies** ☑ **(Indicates automatic order. MD to draw line through orders to discontinue)**

General GYN Admission Orders

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:	**Time:**	**Prescriber Orders**

Level of Care: ❑ Observation ❑ Ambulatory Surgery (ASU) ❑ Inpatient

Transfer to : ❑ Medical- Surgical Unit

Diagnosis: _____

❑ Vital signs as per protocol ❑ Vital signs every _____ hours X _____ hours

☑ ***Notify Physician if: BP systolic above 160 or below 90 or diastolic above 104, HR greater than 109, Temp greater than 100.4°F Urine output below 240 mL/8 hours***

1. ACTIVITY: ❑ Strict Bedrest ❑ Bedrest with bathroom privileges ❑ OOB ad lib ❑ _____

2. DIET: ❑ NPO ❑ Ice ❑ Clear Liquids ❑ Regular ❑ _____

3. Nursing:

❑ Insert Foley Catheter
❑ Strict Intake and Output
❑ _____
❑ _____
❑ _____

4. IV Fluids:

❑ **Lactated Ringers 1000 mL at 100 mL/hour** ❑ Keep total IV rate at _____ per hour
❑ _____1000 mL at _____ mL/hour

5. Medications:

❑ _____
❑ _____
❑ _____
❑ _____

6. Labs:

❑ CBC with differential
❑ CMP
❑ Other: _____

❑ Urine Culture
❑ Urinalysis with microscopy
❑ Other: _____

7. Studies:

❑ _____
❑ _____
❑ _____
❑ _____

8. Venous Thromboembolism Prophylaxis: (VTE) **Potential Exclusions (Procedure entirely laparoscopic, surgery less than or equal to 30 min, stay equal or less than 24 hours)

❑ **Sequential Compression Devices (recommended) until patient fully ambulatory**
❑ Heparin 5,000 units subcutaneously every 8 hours start:_____
❑ Heparin 5,000 units subcutaneously every 12 hours start: _____
❑ Enoxaparin (Lovenox) 40 mg subcutaneously once daily start: _____
❑ No VTE Prophylaxis (reason): ❑ Not candidate ❑ Contraindicated ❑ List (_____)

9.

10.

11.

Prescriber Signature: _____