

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)

SYNCOPE ADMISSION ORDERS

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

DATE:	TIME:	PRESCRIBER ORDERS
Level of Care: Admit to: <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory surgery (ASU) <input type="checkbox"/> Inpatient		
Location: <input type="checkbox"/> Med-Surg <input type="checkbox"/> Telemetry (<i>Indication</i>) _____ <input type="checkbox"/> Critical Care Unit		
Diagnosis: <input type="checkbox"/> Syncope <input type="checkbox"/> Other diagnoses: _____		
Admitting Physician: _____		
Condition <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical		
Consults: <input type="checkbox"/> Cardiology _____ <input type="checkbox"/> Neurology _____		
<input checked="" type="checkbox"/> Obtain Health Care Proxy if not available <input type="checkbox"/> Old Records to unit <input type="checkbox"/> Vital signs as per unit/floor protocol <input type="checkbox"/> Vital signs q ____ hour X ____ hours		
<input checked="" type="checkbox"/> Notify MD if: BP less than 90mmHG or greater than 170mmHg, HR less than 50/min or greater than 120/min, RR greater than 24/min, SPO2 less than 92%, Temp less than 95°F or greater than 101°F		
1. ACTIVITY: <input type="checkbox"/> Bed rest <input type="checkbox"/> Bedrest / Bathroom privileges <input type="checkbox"/> OOB to chair <input type="checkbox"/> Ambulate		
2. DIET: <input type="checkbox"/> Regular <input type="checkbox"/> 2 gram Na ⁺ <input type="checkbox"/> Other _____		
3. NURSING ORDERS / ASSESSMENTS: <input type="checkbox"/> Neuro Assessment: Neuro checks q ____ hour X ____ <input type="checkbox"/> Orthostatic B/P on admission and q shift for 2 days <input type="checkbox"/> Cardiac Monitoring <input type="checkbox"/> _____		
4. RESPIRATORY: <input type="checkbox"/> O2 at ____ Liters/minute by _____ Monitor O2 saturation and titrate oxygen per protocol		
5. IV INFUSION: <input type="checkbox"/> _____ at ____ mL/hr <input type="checkbox"/> Saline / Heparin Trap		
6. Medications: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
7. LAB STUDIES: If not done in the ED <input type="checkbox"/> CBC with diff. <input type="checkbox"/> PTT / PT / INR <input type="checkbox"/> BMP <input type="checkbox"/> Drug Levels: _____ <input type="checkbox"/> UA – Routine & Microscopy <input type="checkbox"/> Urine Pregnancy Test <input type="checkbox"/> Stool For OB		
8. DIAGNOSTIC TESTS: <input type="checkbox"/> X-ray Chest <input type="checkbox"/> EKG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> EEG <input type="checkbox"/> Other: _____		
9. Venous Thromboembolism (VTE) Precautions: (May select more than one) <input type="checkbox"/> Sequential Compression Device <input type="checkbox"/> Heparin 5,000 units subcutaneously every 8 hours <input type="checkbox"/> Heparin 5,000 units subcutaneously every 12 hours <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg subcutaneously daily <input type="checkbox"/> Other _____ <input type="checkbox"/> No VTE Prophylaxis (Reason: <input type="checkbox"/> Not a candidate <input type="checkbox"/> Contraindicated <input type="checkbox"/> Other _____)		
Prescriber Signature: _____		

Algorithm representing the emergency department approach to an adult patient with syncope

