

# Hospital Admission Orders

## (Learn)

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*A-D-C, V-A-N-D-A-L-I-S-M mnemonic*

**DATE: 1/1/2050**

**PATIENT NAME: Joe Smith**

**DOB: 1/1/2020**

**SEX: Male**

### **A-ADMIT:**

- Admitting doctor:
  - Cell, beeper number, resident's name
- Referring physician:
- Special needs:
  - is patient not capable of medical decisions?
- Alert, Guardian, or Altered Mental Status

### **D-DIAGNOSIS:**

- Primary diagnosis:
- Secondary diagnosis:
- Functional status:

### **D-DISCHARGE PLANNING:**

- Define goals while in hospital
- discharge criteria
- family & social worker

### **C-CONDITION & CODE STATUS:**

- Condition: satisfactory, stable, fair, guarded, critical
- Code status:
- Consult DPOA
  - if patient incapable of medical decisions

### **V-VITAL SIGNS:**

- Frequency of VITAL SIGNS
  - (per routine, q4h, q1h, qshift)
- Orthostatic BP's (if pertinent.)
  - if abnormal, who to call?

### **A-ALLERGIES**

- True allergy: unable to breath, life threatening
- Sensitivity: rash, headache. Still pertinent.

### **N-NURSING ORDERS:**

- Palliative care
- Pressure ulcer prevention
- Restraints
- Glasses & hearing aids
- Out of Chair/ Out of Bed
- Topical cream applications

### **D-DIET ORDERS**

- Diet to fit patients conditions
  - Regular, 1800-calorie ADA, or low sodium
- Dietary consult
- NPO?
- Speech therapy consult
  - if swallowing disorders are suspected.
- diet consistency & feeding instructions for swallowing disorders.

## **A-ACTIVITY LEVEL**

- avoid bed rest, always maximize activity
- orders for: up in chair
- ambulation orders for nursing and
- if necessary consult PT

## **L-LABS:**

- CBC, BMP, PT/INR, PTT,
- ESR, CRP
- HgA1C, Blood Glucose, Lactic Acid

## **I-IV FLUIDS:**

- maintenance 30cc/kg/24hr, increase for illness, emphasize oral route when possible.

## **S-SPECIAL ORDERS:**

- XRAY, CT, MRI, Echo, Dopplers
- DVT prophylaxis
- Respiratory Therapy?
- Sitting up & deep breath, O2, Bipap, nasal canula?

## **M-MEDICATIONS:**

- review all pre-hospital meds, and herbs
- Constipation?

When possible use meds that treat more than one condition. New meds start with short T1/2 agents and convert (when possible) to tid or bid dosing by discharge, give indications, crushed? liquids?

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Dr. Joseph Smith DPM

1/1/2050