

NUMBER	EMERGENCY DEPARTMENT (ED) ADMISSION ORDERS
*****	<b>ALLERGIES:</b>
01	Admit as: <input type="checkbox"/> Inpatient      Unit: _____ <input type="checkbox"/> Monitored Bed Place in: <input type="checkbox"/> Observation      Unit: _____ <input type="checkbox"/> Monitored Bed
02	Admitting diagnosis: _____
03	Admitting physician: _____
04	Consulting physician(s): _____ _____
05	Activity: _____
06	<b>DIET</b> <input type="checkbox"/> Regular <input type="checkbox"/> Clear liquid <input type="checkbox"/> Nothing by mouth <input type="checkbox"/> 1800 ADA <input type="checkbox"/> 2 Gm Na <input type="checkbox"/> _____
07	<input type="checkbox"/> IV of _____ at _____ ml/hour. <input type="checkbox"/> Saline Lock
08	<input type="checkbox"/> Oxygen: _____
09	<input type="checkbox"/> Pain management: _____
10	<b>MEDICATIONS</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
11	<b>LAB/DIAGNOSTIC STUDIES</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
12	<b>OTHER</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
13	<input type="checkbox"/> Antibiotic administered in ED - contact physician for continuing order.
14	<input type="checkbox"/> Call for further orders on arrival to floor.
15	<input type="checkbox"/> Call physician immediately for all abnormal lab values.
16	<input type="checkbox"/> Call physician for problems/changes in condition.
	DATE: _____      TIME: _____      PHYSICIAN SIGNATURE: _____

SHERMAN HOSPITAL - ELGIN, ILLINOIS (EMERGENCY DEPT)  
EMERGENCY DEPARTMENT ADMISSION ORDERS

PATIENT LABEL

APPROVED BY  
EMERGENCY DEPARTMENT

Physician Signed: 6/21/07