

Hospital-Acquired Pneumonia [4729]

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital Signs-Per unit Protocol	Routine, Per unit protocol
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

Activity

<input checked="" type="checkbox"/> Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
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Nursing

<input type="checkbox"/> Intake and output	Routine, Every 8 hours
<input checked="" type="checkbox"/> Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input checked="" type="checkbox"/> Diet -	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

Medications

No (Single Response)

If history of infection with ESBL-producing organism or recent prolonged treatment with Pip/Tazo or cefepime, consider use of meropenem

() ceFEPime 2 g IV + vancomycin 15 mg/kg IV

<input type="checkbox"/> ceFEPime (MAXIPIME) IV	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>
<input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>
<input type="checkbox"/> Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S Indication: Hospital-Acquired Pneumonia</p>
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
<input type="checkbox"/> Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Hospital-Acquired Pneumonia</p>
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (NOT HMW)	

<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV <input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	4.5 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
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<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Hospital-Acquired Pneumonia
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV + Pharmacy Consult to Dose	
<input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Hospital-Acquired Pneumonia
<input type="checkbox"/> piperacillin-tazobactam EI (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV (HMW Only)	"Followed by" Linked Panel

<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>	
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>	
<input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
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<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Hospital-Acquired Pneumonia
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV + Pharmacy Consult to Dose	
<input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>	

[] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Hospital-Acquired Pneumonia
() meropenem (MERREM) 500 mg IV + vancomycin 15 mg/kg IV	
[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>
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[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement</p>
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Hospital-Acquired Pneumonia
[] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract</p>
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Hospital-Acquired Pneumonia

Antipyretics (Single Response)

() acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
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Respiratory

<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing Aerosol Delivery Device:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath Aerosol Delivery Device:

Antitussives (Single Response)

<input type="checkbox"/> guaifenesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
<input type="checkbox"/> benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough

Labs

Hematology/Coagulation

<input type="checkbox"/> CBC with differential - STAT	STAT For 1 Occurrences
<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> D-dimer, quantitative	Once

Chemistry - HMM

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	STAT For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV Ag/Ab combination	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Chemistry - HMSL/HMW

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Rapid HIV 1 & 2	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.

<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Chemistry - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV 1, 2 antibody	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Urine

<input type="checkbox"/> Streptococcus pneumoniae urinary antigen	Once, Urine
<input type="checkbox"/> Legionella antigen, urine	Once, Urine

Microbiology

<input checked="" type="checkbox"/> MRSA PCR	Once, Nares
<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Sputum culture	Once, Sputum C&S; Gram Stain is included in the Sputum Culture. Do not wait to give antibiotics if there is any delay in obtaining a sputum sample.
<input type="checkbox"/> AFB stain	Once, Sputum
<input type="checkbox"/> AFB culture	Once, Sputum

Respiratory Pathogen Panel with COVID-19

<input type="checkbox"/> Respiratory Pathogen Panel with COVID-19 (Selection Required)	
<input type="checkbox"/> Respiratory pathogen panel with COVID-19	Once, Nasopharyngeal, Swab
<input type="checkbox"/> Isolation (Selection Required)	

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES

Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection

- Acute care patient with no aerosol generating procedures
 - Droplet isolation status Include eye protection
 - Contact isolation status Include eye protection
- Patient with intermittent aerosol generating treatment/procedures
 - Modified droplet isolation status Include eye protection
 - Contact isolation status Include eye protection
- Critical care patient with continuous aerosol generating treatment/procedures
 - Airborne isolation status Include eye protection
 - Contact isolation status Include eye protection

Respiratory Pathogen Panel with COVID-19

- Respiratory Pathogen Panel with COVID-19
 - Respiratory pathogen panel with COVID-19 Once, Nasopharyngeal, Swab
 - This patient may require additional isolation. Please review current active isolation orders and add/change isolation as outlined in the recommendation below if necessary.

Current active isolation orders: @HMISOLATION@

Recommended isolation for COVID:

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES

Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection

- Acute care patient with no aerosol generating procedures
 - Droplet isolation status Include eye protection
 - Contact isolation status Include eye protection
- Patient with intermittent aerosol generating treatment/procedures
 - Modified droplet isolation status Include eye protection
 - Contact isolation status Include eye protection
- Critical care patient with continuous aerosol generating treatment/procedures
 - Airborne isolation status Include eye protection
 - Contact isolation status Include eye protection

Cardiology

12-Lead ECG

- ECG 12 lead Routine, Once
Clinical Indications: Shortness of Breath
Interpreting Physician:

Imaging

Diagnostic CT

CT Chest Wo Contrast Routine, 1 time imaging For 1

Diagnostic X-Ray

Chest 1 Vw Portable STAT, 1 time imaging For 1

Chest 2 Vw STAT, 1 time imaging For 1

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?