THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160
PHYSICIAN'S ORDER FORM

**PATIENT LABEL**

ROOM

**MEDICATION SCHEDULE**

bid 09-21 (alt 08-17)
tid 09-15-21
tid ac 07-11-17
tid pc 09-13-19
tid w/meals 08-12-18

q2hours ODD or EVEN hours
q6hours 00-06-12-18 (alt 09-15-21-03)
qid 09-13-17-21
q8hours 06-14-22 (alt 09-17-01)

q12hours 09-21 (alt 01-13)
qDAY 09 (alt 21)
q hs 21
ac hs 07-11-17-21

All orders must be written in the metric system and must include date, time, physician's signature, and pager number.

NURSING:
Fax to pharmacy.
Record fax date/time.

| DATE & TIME | Cmp # | ORDERS<br>**CONTINUOUS CLOSED CIRCUIT EEG MONITORING ORDERS**<br>(Page 1 of 1) |
|---|---|---|
| | | Admit to Nursing Unit: |
| | | Service: |
| | | Resident Physician: Pager: |
| | | Attending Physician: Pager: |
| | | Nurse Practitioner: Pager: |
| | | EEG Technician: Pager: |
| | | **Allergies:** |
| | | **Diagnosis**: |
| | | **Activity:** |
| | | **Diet:** |
| | | **Seizure Precautions:** Pad bed rails, bedrails raised x4, bed in low position, doors open. |
| | | **Vital Signs:** q 8 hrs. and after every seizure. SBP>180<90, DBP>100<50, HR>150<60 sustained, RR>30 <10 sustained. Temperature >37.5 Notify Resident or Nurse Practitioner on–call if not within parameters |
| | | **Neurologic assessment** every 8 hrs, unless patient exhibits neurologic impairment, then every hour until stable. |
| | | **Labs:** |
| | | Use **oral thermometers** only |
| | | Strict **intake** and **output** monitoring |
| | | **Place a saline lock.** |
| | | Set up **oral suction at the bedside.** |
| | | Educate patient to **remove blankets and sheets** from bed to allow viewing of body movements. |
| | | **Notify Resident or Nurse Practitioner** on-call if: patient has convulsion duration >2 minutes, 2 seizures or more within 30 minute period, 3 seizures or more within 3 hour period |
| | | **Notify EEG Technician** when electrodes are loose or become disconnected from the patient, video screen is frozen, straight lines are sustained on video screen, cables become disconnected from equipment. |

Date: _____ Physician Signature _____ Pager _____

Another brand of drug identical in form and content may be dispensed unless noted on order.

**CONTINUOUS CLOSED CIRCUIT EEG MONITORING ORDERS**