

DATE & TIME	<p align="center">Orders Internal Medicine Practice Pre-admission Orders (Page 1 of 1)</p>	Initial when complete
	1. Attending Staff/House Staff: _____ Pager: _____	
	3. Allergies: _____	
	4. Diagnosis: _____	
	5. Vitals: Temperature _____ Blood Pressure _____ R _____ HR _____ Pulse oximetry _____	
	6. Activity: _____ Able to ambulate _____ Ambulate with assistance _____ Wheelchair only	
	7. Labs needed prior to admission: ___ CBC with differential, ___ Basic Metabolic Profile, ___ PT/INR ___ Comprehensive Metabolic Profile, ___ Blood culture X 2 sets, _____ Sputum for gram stain and culture. other: _____	
	8. IV Fluids: _____ Normal saline at _____ cc/hour or other _____	
	9. Medications to administer: Check allergies before administering If diagnosis is community acquired pneumonia check ONE of the following: <input type="checkbox"/> Ceftriaxone 1 gram IV X 1 plus Azithromycin 500 mg PO X 1 If the patient is allergic to penicillin or cephalosporins or has recently been on a beta-lactam for URI, then use ONE of the following: <input type="checkbox"/> Levofloxacin 500 mg PO X 1 <input type="checkbox"/> Moxifloxacin 400 mg PO X 1 Other Medications to administer before admission: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
	10. Respiratory Therapy needed for: <input type="checkbox"/> _____ Albuterol 2.5 mg + Atrovent 0.5 mg nebulized <input type="checkbox"/> _____ Arterial blood gas	
	11. Other tests and/or radiologic studies needed <input type="checkbox"/> Chest x-ray P/A and lateral <input type="checkbox"/> Chest x-ray portable <input type="checkbox"/> Lower extremity ultrasound with doppler -right/left/both <input type="checkbox"/> Other: _____	

Date: _____ Physician Signature _____ Pager _____

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