



<b>Allergies</b> (also specify reaction) <input type="checkbox"/> None known
<b>Diagnosis</b>

**Write firmly for legible copy**

**Emergency Department  
Extended Order Set for Patients Held in the ED**  
Form D726 (07.2012)

Item	Orders	Transcribed																																																																						
1.	<b>Hold Until:</b> Consider CDU status if stay of > 24hr unlikely																																																																							
2.	<b>Nutrition</b> <input type="checkbox"/> Diet as Tolerated <input type="checkbox"/> NPO <input type="checkbox"/> Dysphagia Diet <input type="checkbox"/> Diabetic Diet <input type="checkbox"/> Special Diet _____ <input type="checkbox"/> Fluid restricted to: <input type="checkbox"/> 1500 mL/day <input type="checkbox"/> ___ mL/day <input type="checkbox"/> May take medications with sips of water																																																																							
3.	<table border="0"> <tr> <td><b>Activity Level</b></td> <td><b>Weight Bearing Status</b></td> </tr> <tr> <td><input type="checkbox"/> Activity As Tolerated (AAT)</td> <td>Upper Extremity                          Lower Extremity</td> </tr> <tr> <td><input type="checkbox"/> Mobilize to bathroom, up for meals</td> <td><input type="checkbox"/> Weight Bear As Tolerated (WBAT)    <input type="checkbox"/> Weight Bear As Tolerated (WBAT)</td> </tr> <tr> <td><input type="checkbox"/> Ambulate and transfer with assistance <u>only</u>.</td> <td><input type="checkbox"/> Partial Weight Bearing (PWB)    <input type="checkbox"/> Partial Weight Bearing (PWB)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Non-Weight Bearing (NWB)    <input type="checkbox"/> Non-Weight Bearing (NWB)</td> </tr> </table>	<b>Activity Level</b>	<b>Weight Bearing Status</b>	<input type="checkbox"/> Activity As Tolerated (AAT)	Upper Extremity                          Lower Extremity	<input type="checkbox"/> Mobilize to bathroom, up for meals	<input type="checkbox"/> Weight Bear As Tolerated (WBAT) <input type="checkbox"/> Weight Bear As Tolerated (WBAT)	<input type="checkbox"/> Ambulate and transfer with assistance <u>only</u> .	<input type="checkbox"/> Partial Weight Bearing (PWB) <input type="checkbox"/> Partial Weight Bearing (PWB)		<input type="checkbox"/> Non-Weight Bearing (NWB) <input type="checkbox"/> Non-Weight Bearing (NWB)																																																													
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4.	<b>Clinical Monitoring</b> Vital Signs: <input type="checkbox"/> Q12 h <input type="checkbox"/> Other: _____ <input type="checkbox"/> Capillary Blood Glucose Monitoring, Specify Frequency: _____																																																																							
5.	<b>Procedures/Interventions</b> <input type="checkbox"/> Convert IV lines to saline lock <input type="checkbox"/> Remove urinary catheter																																																																							
6.	<b>Laboratory / Diagnostics (Imaging investigations entered through FirstNet)</b>																																																																							
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10.	<b>Additional Plan for discharge/contact info, etc:</b>																																																																							

Date	Time	Print Name	Signatures
(YYYY MM DD)	(HH : MM)	_____	_____, M.D.
(YYYY MM DD)	(HH : MM)	_____	_____, R.N.

