

EMERGENCY BRIDGE ORDERS

Authorization is hereby given to dispense the generic chemical equivalent unless otherwise indicated by the physician.

Date	Time	Physician's Orders and Signatures	
		I certify that inpatient hospital services are necessary.	Physician Signature
		Place in observation.	Physician Signature
		Place in outpatient surgery.	Physician Signature
		Place in outpatient services.	Physician Signature

Check One: Med/Surg Telemetry ICU PCU/Step Down OB

Admitting Physician: _____

Admit Diagnosis: _____

The patient care/case has been discussed with Dr. _____ who agrees to assume the care of the patient. Call Admitting physician immediately for further orders, clarification of orders or change in patient's condition. If patient has not been evaluated by Admitting Physician, review these orders with the Admitting Physician immediately on arrival or at _____ am/pm.

Consults:

_____ [] upon arrival/[] in AM for _____
 _____ [] upon arrival/[] in AM for _____

Diet: Regular Clear Liquid
 Cardiac NPO
 Diabetic (____cal) NPO after MN
 Renal

Vital Signs:
 Per Unit/Policy or _____

O2: Room Air
 NC @ _____ L/min
 Venturi Mask _____ %
 100% Non-rebreather

Activity: As Tolerated
 Per Attending MD
 Bedrest

IV Access: IV Lock
 IV Fluids @ _____

Foley Cath to gravity:
 I & O

Insulin: Listed under Medications
 Sliding Scale – For glucose levels > 160, ((Glucose Level-100)/25)=Units Regular Insulin sq

Medications:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Additional Orders:

These orders expire in _____ hours.

Signature: _____

Place Patient Sticker Here