



Mercy Hospital of Pittsburgh

Emergency Medicine Transition Orders

for use only when diagnosis-specific standing orders not applicable

↓ Addressograph Here ↓

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Circle checkboxes: pick one and only one. Square checkboxes: may pick one, many, or none. Draw a line through, initial and date all changes. Medications: write "brand necessary" if generically equivalent product is not acceptable.

Admit 23-hour observation **or** Full admission To (unit): Attending:

Monitor Nonmonitored **or** Monitored (attach telemetry orders)

Diagnoses
(surgery type/date)

Condition Stable Serious Critical Other:

Code Status Full Code Other (attach code status sheet)

Allergies
(include reaction if known)

Vital Signs Q shift Q4H QID BID Other:

Activity Ad lib Bathroom w assist Bed Rest Ambulate daily as tolerated Other:

Nursing/Ancillary Staff Orders

Intake and output Neuro check Q4H

Daily weights

Continuous pulse oximetry

O2: LPM via Wean to keep O₂ sat ≥ %.

Diet Regular ADA 1800 Calorie Cardiac Rehab Other:

IV PRN angiocath D₅0.45%NS+20mEq KCl/L at 100mL/Hr Other:

Labs/Tests

Med Student/Resident or PA-CRNP Signature: / Date: Time:

Attending (Emergency Physician) Signature: Date: Time:

Attending signature verifying all above DEM physician orders: Date: Time:



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Medications Insulin: See attached *Routine Adult Subcutaneous Insulin Orders*
 See attached *Adult Sliding Scale Subcutaneous Insulin Orders*
 See attached *Insulin Infusion Orders/Adult Patients* (not for DKA; for DKA use DKA orders)

Analgesics: Acetaminophen 650 mg PO Q4H prn pain

Other: _____

Other Critical Medications:

Notify Physician if temp > 101°F (38.4°C)
 if systolic BP <90 or >180 or diastolic BP >100
 if respirations >30 or <10
 if O2 saturation <92%
 if significant change in patient condition

Consults

Education/Other Orders Provide smoking cessation educational materials
 Provide CHF educational materials
 Provide diabetic diet educational materials

Admission Status Teaching: A Firm Z Firm Subspecialty Medicine: _____ Other: _____

Medical student orders require resident or attending cosignature. Nonteaching Resident: _____ Pager: _____

CRNP/PA orders require attending cosignature. These orders by DEM physician; must be verified with attending physician by following 9 AM, & rewritten in 24 hours. Call this physician for changes in patient condition, or if further orders needed.

Notified at (time): _____

Med Student/Resident or PA-CRNP Signature: _____ / _____ Date: _____ Time: _____

Attending (Emergency Physician) Signature: _____ Date: _____ Time: _____

Non-DEM Attending signature verifying all above DEM orders: _____ Date: _____ Time: _____