**Metabolic Abnormality Observation Physician Orders**

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Unacceptable Diagnosis for Observation: social admit, failure to thrive, dizziness, unable to care for self, needs placement, unable to ambulate, chronic ...

Level of Care determination after Risk Stratification (Check One):  
- Observation  
- Admit (Use the appropriate admission order forms)

If patient meets any of the below criteria, then he/she must be admitted, not observed.

***Do not proceed to page 2. However this risk stratification must be completed & placed in the chart***

Admission Criteria (criteria that exclude the patient from observation level of care)

**Hyponglycemia**
- Intentional overdose hypoglycemic meds
- Intake large amounts long acting oral hypoglycemics
- Altered mental status in spite of glucose treatment
- Serious precipitating cause

**Hyperglycemia**
- Ketoacidosis: pH<7.30 or total CO2<18 or anion gap >15
- Hyperosmotic hypertonic syndrome
- Glucose > 600 mg/dl
- Serious precipitating cause

**Serum Potassium**
- K < 2.5 or > 6.0 mEq/dl
- Cardiac dysrhythmia
- Serious precipitating cause

**Serum Sodium**
- Na < 120 or > 150 mEq/dl with mental status changes

**Patient must meet one of the below criteria for observation - check applicable box(es)**

***This risk stratification must be completed and placed in the chart***

Observation Criteria (inclusion criteria that make observation level of care a possibility)
- Inability to correct symptoms
- Inability to take po fluids
- Inability to sufficiently correct abnormal findings:
  - BS < 50 mg/dl despite two bolus 50% glucose
  - or K < 3.0 or > 5.5 mEq/L no EKG changes
  - or Na < 120 or > 150 mEq/L no mental status change
  - or BS > 400 mg/dl with one of following:
    - disorientation/increasing lethargy
    - new onset type 1 diabetes
    - postural systolic bp drop > 30
Dehydration Risk Stratification tool
Observation Unit Disposition Decision

**DISCHARGE** (All Criteria Present)
- Resolution of symptoms
- Precipitating factor(s) addressed
- Taking po fluids
- Abnormal metabolic factor adequately corrected
- Adequate social situation at home

**ADMIT** (Any Criteria Present)
- Deterioration of clinical status
- Cardiac dysrhythmia
- Inability to adequately treat precipitating factors

### Non-Medication Orders

1. **Cardiac Monitoring**: Indication __________________________
2. **DX**: Metabolic Derangement of _________________
3. **Vitals**: Every 4 hours
4. **Diet** (Check One):
   - Regular
   - Clear Liquids
   - NPO
   - ADA 1800 kcal/day
   - Heart Healthy
   - ADA 1800 kcal/day
   - Heart Healthy
   - 2 gram Na
   - Pureed
   - Other: ______________
5. **Activity** (Check One):
   - Ambulate
   - ad lib
   - OOB to BR
   - Ambulate with assist
   - Other: ______________
6. **Intake and Output q shift**
7. **Insert saline lock**
8. **Labs at _______** (Check Box(es)):
   - CBC
   - BMP
   - Other labs: ________________
9. **O₂**: ___ per liter/min nasal biprong; Other ______
10. **Notify MD for**: HR < 55 or > 100
    - RR < 12 or > 25
    - Temp < 96 F or > 100.4F
    - SBP < 100, SBP > 170, DBP > 120
    - SaO₂ < 90%
11. **Consult Dr.**: _________________
    - Level 1 Routine
    - Level 2 Urgent (Call Physician)
    - Reason for Consult: ________________
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<tr>
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<td><strong>Medication Orders</strong></td>
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<tr>
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<td>1. ☐ IV fluids: _________________________________ @ _____ mL/hr x _____ liters</td>
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<td>2. ☐ Tylenol (acetaminophen) 650 mg PO or PR every 6 hrs PRN Temp &gt; 101F or mild pain (0.1 – 3 on the numeric pain intensity scale). If the patient is unable to take PO meds, administer a suppository per rectum instead. <strong>DO NOT EXCEED 3 grams of acetaminophen in 24 hrs</strong></td>
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<td>3. ☐ Pepcid (Famotidine) 20 mg IV or PO twice daily. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.</td>
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<td>4. ☐ Nicotine Transdermal Patch ☐ 7 mg ☐ 14mg ☐ 21 mg apply one patch topically daily. Always remove the previous day’s patch before applying a new one. Do not apply the new one to the same site.</td>
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<td>5. ☐ Zofran (ondansetron) 4 mg IV or PO every 6 hours PRN nausea/vomiting. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.</td>
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<td>6. ☐ Insulin: Complete the Glycemic Control – Subcutaneous Insulin Order Set. It should be scanned to Pharmacy and placed on the chart.</td>
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<td>7. ☐ Other Medications:</td>
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