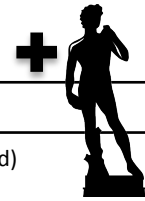
Admission Orders

AD DAVID (The classic mnemonic)



A	dmit	To <u>Department</u> under Dr. _____			
D	iagnosis, DNR	Dx or _____ NYD (Not yet determined) CPR/End of Life Plan: Class ___			
D	iet	Eg. NPO, NPO excepts sips with meds, Clear Fluids → Fluids, Diabetic , Renal, Heart Healthy, Soft, DAT (diet as tolerated)			
A	ctivity	Eg. Bed rest, AAT (activity as tolerated), BRP (bathroom privileges), walk with assistance/ambulate with walker			
V	itals	**HR, RR, BP, Temp** ± O_2 Sat (under Drugs)	• Weight on Admission • Daily Weights	<u>Urine</u> (Intake and Output)	<u>How Often?</u> Eg. q4h, qshift
I	nvestigations IV (under Drugs) Instructions to Nurse Isolation Status	Investigations			
		<u>Blood Work</u> • CBC • Electrolytes • ENZ	<u>Imaging</u> • X-ray (plain, angio) • US • CT • MRI	<u>Function</u> ▹ Cardiopulomary • EKG • PFT • Stress Testing ▹ Other: • EEG • EMG • System/organ Specific…	<u>Culture</u> <u>Biopsy</u> (Path)
D	rugs	<u>IV</u> ml/hr <u>O_2 Therapy</u> Eg. 2-4 L/min to SpO_2 >92% • nasal cannula, mask venturi, non-rebreathing mask <u>Drugs (The Many Ps)</u> • Pain (analgesia) • Puke (anti-emetic) • Pee/Poo (Diuretic, Laxative) • Psych • Pus (antibiotic) • Prophylactic (eg. anti-coagulation) • Precedent medications (restart appropriate home meds)			

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Orders

(NSA R Following Dad)

Name	Strength	Amount	Route	Frequency	Duration or prn (as needed)
Keflex	**500 mg**	**Tablets**	**PO**	**QID**	**for 10 days**

Sometimes not added if obvious

Shorthand:

- T: 1
- TT: 2
- TTT: 3
- TV: 4
- V: 5

PO: By Mouth
IV: Intravenously
SC: Subcutaneously
PR: per Rectum
PV: per vagina
By inhalation
Per NG (nasogastic tube)
Right eye
Left Eye

How many times per day?

Daily

BID (x2 a day)

TID (x3 a day)

QID (4x a day)

OR

By How Many Hours?

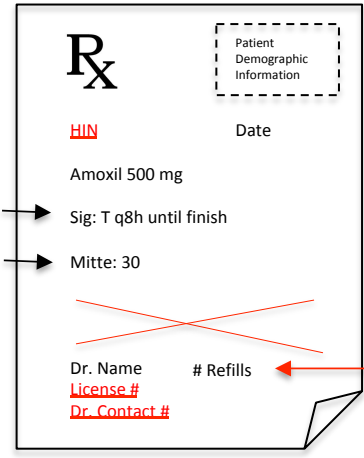
q__h

Other
qhs:@ bed time
a.c.:before meal
p.c. post meal

Children:
- Dosing is by weight (mg/kg)
- Often given as liquids. On order write the # of ml (do the calculation yourself). Teaspoon = 5 ml. tablespoon = 15 ml (avoid and write ml instead).

Prescriptions

Consider:
- How the patient will pay (out of pocket, insurance, Trillium)
- Limited Use codes (eg. Fluro abx, PPI, DOACs, new puffers)



Controlled Substances:
- Need pt. HIN (eg. Healthcard #, Driver's License, Passport)
- Need Dr. License #
- Write out in numbers and words to tamperproof Eg. 30 (Thirty).
- Cross out extra space

Refills are not permitted but can do "part fills" (eg. Can prescribe a larger amount like 60 (sixty) tablets with dispensing every 25 days).

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PostOp Note

(PPPS ABCDEFGH)…P.s. Don't forget about the alphabet!

ID: Age, Sex, Brief Clinical Situation

P	reOp Dx	Preoperative Diagnosis
P	ostOp Dx	Same or different
P	rocedure	Describe What was done. Any implants?
S	urgeon	Attending
A	ssistants	Assistants (1st, 2nd. Other Dr., residents, med. Students.)
A	nthesia	Attending Anesthesiologist and Type (General, Regional, etc.)
B	(estimated) blood loss	(eg. minimal, 200 ml)
C	omplications	Any complications?
D	rains	Drain types and locations
D	isposition	Stable? Unstable? Where are they going? (Eg. Stable to PACU then admit to B2 under Plastics)
E	[mpty]	
F	indings luids	Any Findings? Administered Fluids (eg Units of Blood)
G	oing Away (Specimens)	Specimens sent of for analysis (eg. pathology, cultures)
H	istory	What clinical events lead the patient to the OR?. OR notes briefly include this in the ID but OR reports have a more detailed clinical description.

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Progress Note

ID: Age Gender Orienting Statement (Who is patient? When admitted, operated on, etc. and important comorbidities)

S= subjective (Patient's perception. Pain? SOB? N/V? Passing gas...)
O= objective (Vitals. Physical exam, Relevant labs or imaging
A= your assessment of situation (stable, improving…). Multiple issues, make a problem list.
P= Plan (What you are going to do)

Procedure Note

WADER

Who did procedure? Who assisted/supervised? Who was present?
Anaesthesia Used
Description of Events +/- Complications
Equipment Used
Resulting work (Post procedure care)

Discharge Summary

Primary and Secondary Diagnoses
Course in hospital

Findings and Procedures:
- Pertinent physical exam findings
- Pertinent laboratory investigations
- Procedures and complications
- Recommendations from consultants
- Results of imaging test/stress tests/pathology reports
- Condition on discharge

Medication Reconciliation:
- Reconciled medication list with any changes (important to indicate why a medication was discontinued)

Follow up:
- Who will be seeing patient in follow-up
- What are the outstanding investigations and who is going to act on results
- Who to contact if something goes wrong or if there are questions (Usually attending Physician)
- Criteria for seeking medical advice (ie when to worry)

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I SBAR

For Handover

S	**Situation**	Stable/Unstable ID: Name, Age What is the Diagnosis? When were they admitted?	Jacob is a stable 3 month old boy admitted for Bronchiolitis admitted to CHEO 3 days ago.
B	**Background**	Course in hospital. What treatment are they receiving? Any other medical conditions?	He was treated with epi masks and suctioning and has not required any intervention since this morning. He was previously healthy.
A	**Assessment**	How are they doing…Stable? Improving? If there is no current diagnosis…What do you think is going on?	He is improving. We plan on discharging him tomorrow morning.
R	**Recommendations**	Any problems that you anticipate and your recommendations.	If he becomes SOB , has increased WOB or his O2 Sats drop below 92% restart him on the epi/saline masks.

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How to ask for a Consult

Introduce yourself	Hello, I'm Amy, a third year medical student on Medicine Team B.
ID **Location of Patient** **QUESTION** **MRN**	We are calling you about Mr. Smith a 50 yo male admitted for delirium on B5. His repeat MRI this morning showed evidence of ischemia to the basal ganglia. [*State the Question*] We want to know if this is in keeping with a stroke? [*Ask if they want the MRN of the patient*] Do you want his MRN?
Brief Hx	Brief 20 sec history! [*If they want more information they will ask*].
Help	Are there any tests or imaging I can order in the meantime to help you?
Ask who you were speaking with (Name and designation)	Whom I am speaking with again?
Ask when they will see the patient	Do you know when you would be able to see the patient?

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