Southern Health Santé Sud

Acute Adult PRN Medications Admission Standard Orders

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.

■Automatically activated (If not in agreement with an order cross out and initial). ☐ Requires a check(√) for activation

Allergies: ☐ **Unknown** ☐ **No** ☐ **Yes (describe)**____

Height (cm): ______________________________**Weight (kg):**____________________________

MEDICATION ORDERS

☐ Oxygen ☐___L/min via ☐NP ☐NRB ☐Facemask
☐ Titrate to O2 saturations of _____%

☐ IV Therapy _______ml/hr of __________ Reassess _______

PAIN/FEVER
Excludes patients with known liver impairment i.e. alcoholism
☐ Acetaminophen 500 mg to 1000 mg tab PO q4h PRN
OR
☐ Acetaminophen 650 mg sup PR q4h PRN
(Maximum 4000 mg/24 hours)
☐ Diclofenac 2.32% cream – apply topically daily PRN for pain

CONSTIPATION
Excludes patients who are pregnant
☐ See Adult Bowel Routine Protocol CLI.6010.FORM.006

DIARRHEA
☐ Loperamide 4 mg PO stat then 2 mg PRN after each loose bowel movement (Maximum 16 mg/24 hours)

INDIGESTION
Excludes patients with known renal insufficiency
Separate by 2 hours from levothyroxine and certain antibiotic medications
☐ Aluminum Hydroxide 153 mg/5mL & Magnesium Carbonate 200 mg/5 mL susp 15 to 30 mL PO q4h PRN (max 3 doses/24 hours)
☐ Calcium Carbonate 500 mg chewable (Tums) 1 to 2 tabs PO up to QID PRN

NAUSEA
☐ dimenhyDRINATE 25 to 50 mg PO/IM/IV/PR q4-6h PRN (max 150 mg/24 hours)
☐ Ondansetron 4 to 8 mg PO/IV/IM q8h PRN

EYE/NOSE/THROAT
☐ Throat lozenge PO q4h PRN sore throat (maximum 3 lozenges/24 hours)
☐ Dextromethorphan 15 mg/5 mL syrup 15 to 30 mg (5 to 10 mL) PO q6h PRN cough
☐ Moi-stir spray 1 to 2 sprays PO PRN dry mouth
☐ Saline nasal spray 1 to 2 sprays in each nostril TID PRN congestion
☐ Moisturizing Eye drops 1 to 2 drops q6h PRN dry eyes

GENERAL ORDERS

■ Admit to ___________under_____________
☐ACP ☐R ☐M ☐C ☐Not discussed yet
■ If above checked see ACP sheet

■ Diagnosis: ___________________________

☐ BPMH/Medication reconciliation complete

■ Diet: ☐ NPO ☐ Regular ☐ Carbohydrate controlled ☐ Heart Healthy ☐ Fluid restricted ___L ☐Other___________
☐ Consistency: ☐ Regular ☐ Modified Textures

■ Vital Signs: ☐Q4H ☐QID ☐TID ☐BID ☐Daily
☐ Neuro vitals Q____ ☐Other__________
☐ Weight: ☐ Daily ☐ ________ times/ week
☐ Intake & Output monitoring

■ Activity: ☐ AAT ☐ Encourage ambulation
☐ Bedrest ☐With bathroom privileges
☐ Non-weight bearing ☐Feather weight
☐Other___________________________

☐ Glucose Monitoring: ☐QID ☐TID ☐BID ☐Daily
☐Before meals ☐2H post-prandial
☐Other ____________________

☐ Consultations:

☐Physiotherapy	☐Done	☐Faxed
☐Occupational Therapy	☐Done	☐Faxed
☐Social Work	☐Done	☐Faxed
☐Indigenous Support	☐Done	☐Faxed
☐Speech Language	☐Done	☐Faxed
☐Homecare	☐Done	☐Faxed
☐Spiritual Care	☐Done	☐Faxed
☐Registered Dietitian	☐Done	☐Faxed
☐Other_________	☐Done	☐Faxed

☐ LABS: ______________________________
____

☐ Imaging: ____________________________
____

■ Contact prescriber if PRN medication symptoms persist
■ See page 3 for MAR

PRESCRIBER'S SIGNATURE: _________________ PRINTED NAME: _________________Date __________ Time ________

Order Transcribed
Date: __________ Time: _________ Init ___________

FAX /SCAN TO PHARMACY
Date: _________ Time: ________ Init _________

This page left blank intentionally

Southern Health Santé Sud

MEDICATION ADMINISTRATION RECORD (MAR): ACUTE ADULT PRN MEDICATIONS ADMISSION

Key: D/C = medication discontinued; other Approved Codes and Legend on reverse side of this form.

Date Ordered Date Re-ordered	**ALLERGIES** (describe):	DATE: MONTH ________________ YEAR 20________											
		Day											
		Admin Time	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.
	acetaminophen 500-1000mg PO q4h PRN for pain/fever (max 4g/24hrs) Do not use in patients with history of alcoholism or known liver impairment OR ☐ RECOPIED TRANSCRIBER________/________NURSE												
	acetaminophen 650mg suppository PR q4h PRN for pain/fever (max 4g/24hrs) Do not use in patients with history of alcoholism or known liver impairment ☐ RECOPIED TRANSCRIBER________/________NURSE												
	diclofenac 2.32% cream - apply topically daily PRN for pain ☐ RECOPIED TRANSCRIBER________/________NURSE												
	loperamide 4mg PO Stat then 2mg PRN for diarrhea after each loose bowel movement (max 16mg/24hrs) ☐ RECOPIED TRANSCRIBER________/________NURSE												
	aluminum hydroxide & magnesium Carbonate liquid 15-30ml PO q4h PRN for indigestion (max 3 doses/24hrs). Do not use in patients with known renal impairment. Separate by 2hrs from levothyroxine and certain antibiotics. ☐ RECOPIED TRANSCRIBER________/________NURSE												
	calcium carbonate 500mg chewable (Tums) 1-2 tabs PO up to QID PRN for indigestion Do not use in patients with known renal impairment. Separate by 2hrs from levothyroxine and certain antibiotics. ☐ RECOPIED TRANSCRIBER________/________NURSE												

Approved CODES: use these approved codes as needed to clarify medication administered site and if pulse check was required

LVL – Left Vastus lateralis	LVG – Left Ventrogluteal	LD – Left Deltoid	P – Pulse
RVL – Right Vastus Lateralis	RVG – Right Ventrogluteal	RD – Right Deltoid	N/A – Not Applicable

HAM – High Alert Med – Independent Double Check Required

LEGEND: 1 = medication refused; 2 = medication withheld; 3 = patient absent; 4 = medication not available; 5 = other.

Southern Health Santé Sud

MEDICATION ADMINISTRATION RECORD (MAR): ACUTE ADULT PRN MEDICATIONS ADMISSION

Key: D/C = medication discontinued; other Approved Codes and Legend on reverse side of this form.

Date Ordered / Date Re-ordered	ALLERGIES (describe):	DATE: MONTH ______ YEAR 20____											
		Day											
		Admin Time	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.
	dimenhyDRINATE 25-50mg PO/IM/IV/PR q4-6h PRN for nausea (max 150mg/24hrs) ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	ondansetron 4 to 8 mg PO/IM/IV q8h PRN for nausea ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	throat lozenge 1 PO q4h PRN for sore throat (Max 3 lozenges/24hrs) ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	dextromethorphan 15mg/5mL syrup 15 to 30 mg (5 to 10 mL) PO q6h PRN for cough ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	Moi-stir spray PO 1-2 sprays PRN for dry mouth ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	saline nasal spray 1-2 sprays in each nostril TID PRN for congestion ☐ RECOPIED TRANSCRIBER_________/_________NURSE												
	Moisturizing Eye Drops 1-2 gtt q6h PRN for dry eyes ☐ RECOPIED TRANSCRIBER_________/_________NURSE												

Approved CODES: use these approved codes as needed to clarify medication administered site and if pulse check was required

LVL – Left Vastus lateralis	LVG – Left Ventrogluteal	LD – Left Deltoid	P – Pulse
RVL – Right Vastus Lateralis	RVG – Right Ventrogluteal	RD – Right Deltoid	N/A – Not Applicable

HAM – High Alert Med – Independent Double Check Required

LEGEND: 1 = medication refused; 2 = medication withheld; 3 = patient absent; 4 = medication not available; 5 = other.