## Emergency Medicine Transition Orders

For use only when diagnosis-specific standing orders not applicable.

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
- D₂₀.₄₅%NS+20mEq KCl/L at 100mL/Hr
- Other: ____________________________

### Labs/Tests

### Med Student/Resident or PA-CRNPs Signature: ____________________________

Date: ____________ Time: ____________

Attending (Emergency Physician) Signature: ____________________________

Date: ____________ Time: ____________

Attending signature verifying all above DEM physician orders: ____________________________

Date: ____________ Time: ____________
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Medications: write "brand necessary" if generically equivalent product is not acceptable.

## 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:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
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## Notify

- 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

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 co-signature.
CRNP/PA orders require attending co-signature.

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:

- Med Student/Resident or PA-CRNP Signature: /
- Attending (Emergency Physician) Signature:
- Non-DEM Attending signature verifying all above DEM orders:

Date: Time:

Date: Time:

Date: Time: