

Southwest General Hospital Standing Admission Orders Hypertension/Hypertensive Crisis

Attending Physician: _____ Date: _____ Time: _____
Admit to Inpatient: Med/Surg Telemetry ICU MICU
Place in Observation Services: Med/Surg Telemetry Other _____
Diagnosis: Essential Hypertension Uncontrolled Hypertension Urgency Hypertensive Crisis Other: _____
Condition: Stable Guarded Critical Good Fair Poor
Consult: Cardiology: _____ Nephrology: _____
 Other: _____
Allergies: _____

Code Status: Full DNR

Vital Signs: Per unit protocol
 Every _____ minutes until Blood Pressure less than _____, then every _____ hours
 every _____ hours
 Call for SBP more than _____ SBP less than _____ DBP more than _____ DBP less than _____
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weight Intake & Output Foley to drainage Sequential Compression Device (SCD)
 Pulse oximeter on admission
 Glucose checks AC and qHS or every _____ hrs Fluid restriction: _____ ml/days
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Cardiac
 Carbohydrate controlled
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____



Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92% DC if O2 sat more than 93% on RA
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart
 Insulin Infusion Protocol (Glucommander) (ER, IMC, ICU patients only)

Labs: Troponin T Myoglobin BMP CMP
 ProBNP Fasting lipid profile TSH
 Free T4 Urinalysis CBC
 Plasma Renin Activity Plasma Catecholamines
 24 hr Urine for Metanephrines
 Urine Drug Screen
 Other Labs: _____

Studies: CXray: () Portable () PA/Lateral
 EKG STAT EKG PRN with chest pain or palpitations ECHOCARDIOGRAM TO READ
 DR _____
 Other: _____

Physician Signature: _____
Date/Time: _____

 	Account Number:		MR Number:					
	Patient Name:							
	Admit Date:							
DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								



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Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Medications: Check the appropriate box.

Nitroprusside sodium (Nipride 0.5 - 10 micrograms/kg/min) _____ microgram/kg per minute IV. Max. dose _____ micrograms/kg/min.

Titrate to blood pressure: Systolic _____ Diastolic _____

Nitroglycerin (5 - 100 micrograms/min) _____ microgram IV Bolus, then _____ micrograms/min. Max. dose _____ micrograms/min.

Titrate to blood pressure: Systolic _____ Diastolic _____

Labetalol (Trandate, Normodyne) 20 mg IV bolus, then:

Start 40 mg boluses IV 60 mg boluses IV 80 mg boluses IV every 10 minutes (max total of 300 mg) OR

Continuous IV infusion of 2 mg per minute

Titrate to blood pressure: Systolic _____ Diastolic _____

Enalapril (Vasotec) IV 1.25 mg IV every 6 hrs 2.5 mg IV every 6 hrs 5 mg IV every 6 hrs

Esmolol (Brevibloc) loading dose: 500 micrograms/kg IV over 1 minute, then 50 micrograms/kg per minute; titrate by 50 micrograms/kg per minute increments to a maximum of 200 micrograms/kg per minute

Titrate to blood pressure: Systolic _____ Diastolic _____

Clonidine (Catapres) initial 0.1 mg PO 0.2 mg PO followed by 0.1 mg per hour. Max. dose 2 mg per 24 hrs.

Titrate to blood pressure: Systolic _____ Diastolic _____

Hydrochlorothiazide (HCTZ, HydroDiuril) 12.5 mg PO daily 25 mg PO daily

Maxide (HCTZ 50/triamterene 75 mg) 1 tab PO daily

Lisinopril (Zestril, Prinivil) 2.5 mg PO daily 5 mg PO daily 10 mg PO daily 20 mg PO daily 40 mg PO daily

Atenolol (Tenormin) initial dose 50 mg PO, then 25 mg PO daily 50 mg PO daily 100 mg PO daily

Valsartan (Diovan) 80 mg PO daily 160 mg PO daily

Diltiazem CD (Cardizem CD) 120 mg PO daily 180 mg PO daily 240 mg PO daily

Amlodipine (Norvasc) 2.5 mg PO daily 5 mg PO daily 10 mg PO daily

Lorazepam (Ativan) 0.5 mg PO every 6hrs PRN 1 mg PO every 6hrs PRN as needed for anxiety

Famotidine (Pepcid) 20 mg IV twice daily PO twice daily

Pantoprazole (Protonix) 40mg IV once daily PO once daily

Nicotine _____ mg topical patch apply daily

Percocet 5/325 mg PO every 4 hrs PRN for moderate pain


Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)

Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.

Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

Additional Meds:

Physician Signature: _____
Date/Time: _____

	Account Number:		MR Number:					
	Patient Name:							
	Admit Date:							
DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								



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