MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex
Schwartz/Reisman Emergency Centre
600 University Avenue
Toronto, Ontario, Canada M5G 1X5

PRE-PRINTED ORDER RECORD

Clearly imprint patient identification card

Allergies *(also specify reaction)* ☐ None known

Diagnosis

Write firmly for legible copy

Emergency Department

Extended Order Set for Patients Held in the ED

Form D726 (07.2012)

Item	Orders	Transcribed
1.	**Hold Until:** Consider CDU status if stay of > 24hr unlikely	
2.	**Nutrition** ☐ Diet as Tolerated ☐ NPO ☐ Dysphagia Diet ☐ Diabetic Diet ☐ Special Diet _____ ☐ Fluid restricted to: ☐ 1500 mL/day ☐ ____ mL/day ☐ May take medications with sips of water	
3.	**Activity Level** ☐ Activity As Tolerated (AAT) ☐ Mobilize to bathroom, up for meals ☐ Ambulate and transfer with assistance only. **Weight Bearing Status** Upper Extremity: ☐ Weight Bear As Tolerated (WBAT) ☐ Partial Weight Bearing (PWB) ☐ Non-Weight Bearing (NWB) Lower Extremity: ☐ Weight Bear As Tolerated (WBAT) ☐ Partial Weight Bearing (PWB) ☐ Non-Weight Bearing (NWB)	
4.	**Clinical Monitoring** Vital Signs: ☐ Q12 h ☐ Other: _____ ☐ Capillary Blood Glucose Monitoring, Specify Frequency:_____	
5.	**Procedures/Interventions** ☐ Convert IV lines to saline lock ☐ Remove urinary catheter	
6.	**Laboratory / Diagnostics (Imaging investigations entered through FirstNet)**	

Time	Orders
	☐ CBC, Electrolytes, Urea, Creatinine and Blood Glucose ☐ Cardiac Enzymes ☐ LFT's
	☐ Urine R&M ☐ Urine C&S

7. **Routine Medications while in ED**

Drug	Dose	Route	Frequency	Comments

8. **PRN Medications**

Drug	Dose	Route	Frequency	Comments

9.	**Consults** ☐ GEM ☐ SW ☐ OT/PT ☐ Pharmacy ☐ Medicine ☐ Other: _____		
10.	**Additional Plan for discharge/contact info, etc:**		

Date	Time	Print Name	Signatures
_____ (YYYY MM DD)	_____ (HH : MM)	_____	_____, M.D.
_____ (YYYY MM DD)	_____ (HH : MM)	_____	_____, R.N.

Copy Distribution: White Copy ➜ Patient Chart Yellow Copy ➜ Pharmacy