



11/11/2019 10:00 AM
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LABEL

Allergy/Sensitivities and Reactions	Height: _____ <input type="checkbox"/> Inches <input type="checkbox"/> Cm	Weight: _____ <input type="checkbox"/> Kg <input type="checkbox"/> Lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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Admission Status: Place in Observation Admit to Inpatient Dr.: _____

UNIT: _____ Telemetry

DIAGNOSIS: _____

CODE STATUS: _____

Consultation: Dr. _____ Reason _____

Dr. _____ Reason _____

1. Discharge Planning Referral:

- Social Worker: Skilled Nursing Facility, Home Care, Outpatient Rehabilitation, Hemodialysis, Equipment

2. Laboratory studies: (check those needed)

- CBC w/diff PT/PTT
- Electrolyte Panel: includes sodium, potassium, chloride, CO2
- Basic metabolic panel: BUN, calcium, chloride, CO2, creatinine, RBS, potassium, sodium
- Comprehensive metabolic panel: Albumin, Alk Phos, Total Bilirubin, BUN, Calcium, Chloride, CO2, Creatinine, Random Blood Sugar Potassium, Total Protein, SGOT, SGPT, Sodium
- EKG (Reason): _____
- CXR (Reason): _____

3. Other Lab / Diagnostic Studies:

4. Diet: NPO Consult RD for instructions on diet for home use

- Regular Diabetic Diet _____ calories.
- Low Fat/Low Cholesterol (no salt restriction) Other: _____
- Healthy Heart (low fat, low cholesterol, low salt, low caffeine)

5. Activity:

- As tolerated with assistance Other: _____
- PT to evaluate OT to evaluate

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature	Phone Number:	Date/Time:



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LABEL

6. Miscellaneous:

- VS per unit protocol. Other: _____
- Neuro checks _____

7. Medications:

IV Access: Saline Lock if not otherwise stated. KVO IV will be converted to saline lock after 12 hrs.

- Acetaminophen 325 mg 1-2 tbs every 4 hours prn discomfort Diphenhydramine 25 mg po at hs prn sleep
- Milk of Magnesia 30 ml p.o. once daily prn constipation Maalox XS 15 ml every 4 hr prn X 2, if more required call
- Bisacodyl supp I once daily prn constipation
- Smoking Cessation: Nicotine patch 14 mg daily applied topically-remove previous patch and rotate site

Additional Orders:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

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Transcriber's Signature		Date/Time:
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