



11/15/2019 10:00 AM  
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LABEL

<b>Allergy/Sensitivities and Reactions</b>	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

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



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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. \_\_\_\_\_
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