ADMIT ORDERS

Patient Name: _____DOB:_____ MR#:_____

ADMIT TO: _____ ☐ADMIT ☐OBS ☐TELE ☐ NON TELE
DIAGNOSIS: _____
CONDITION: ☐GUARDED ☐CRITICAL
CODE STATUS: ☐ FULL CODE ☐ DNR but not DNI ☐ DNR/ DNI
VITALS: ☐Routine ☐Every ____ Hours ☐with O2 sats ☐ Neuro check q ____hours
ALLERGIES: ☐ NKDA ☐_____
ACTIVITIES: Strict Bedrest/ Bedrest with BR privileges / OOB to Chair/ Ad Lib
NURSING: ☐ Fall precautions ☐Seizure Precautions ☐Suicide Precautions
☐ Input/Output monitoring ☐ Other:_____
DIET: ☐Regular ☐Cardiac Diet ☐ ADA _____ Cal
IV: ☐Heplock ☐IVF _____@ _____ml/hour
Meds:
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DVT Prophylaxis_____
GI Prophylaxis_____

LABS:
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RADIOLOGY:
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Signature:_____ Date:_____ Time: _____