



GENERIC DIRECT ADMIT ORDERS

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Direct Admit # I-888-MY-ADMIT

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:

- Case Manager: home care, equipment
- Social Worker: rehab, nursing home

2. LABORATORY / DIAGNOSTIC 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, t. bili, BUN, calcium, chloride, CO2, creatinine, RBS, potassium, total protein, SGOT, SGPT, sodium
- EKG (Reason): _____
- CXR (Reason): _____

3. OTHER LAB / DIAGNOSTIC STUDIES:

4. DIET: Consult RD for instructions on diet for home use

- Regular Diabetic Diet _____ calories. NPO
- 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

6. MISCELLANEOUS:

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

Emergency Verbal Order or Telephone Order / Read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Complete Call Back Number () _____ - _____	Date/Time:

