

GENERIC DIRECT ADMIT ORDERS Page 1 of 2

Direct Admit # I-888-MY-ADMIT

Alle	ergy/Sensitivities and Reactions		Height:				
AD	OMISSION STATUS: ☐ Place in Observation ☐ Admi	it to Inpatient	Dr.:				
	NIT:	•					
	AGNOSIS:						
	DDE STATUS:						
	DNSULTATION: Dr						
	 Dr						
I.	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.	5. MISCELLANEOUS: ☐ VS per unit protocol. ☐ Neuro checks						
Em	ergency Verbal Order or Telephone Order / Read back b	y:	Date/Time:				
Trai	nscriber's Signature:		Date/Time:				
Pre	escriber's Printed Name:	Noting Nurse's	Nurse's Signature: Date/Time:				
Prescriber's Signature:		Complete Call	Complete Call Back Number Date/Time:				



GENERIC DIRECT ADMIT ORDERS Page 2 of 2

Allergy/Sensitivities and Reactions			Height:	Weight: □ Kg □ Lb		
			☐ Inches ☐ Cm	☐ Actual ☐ Estimated		
' .	MEDICATIONS:					
	Access: Saline Lock if not otherwise stated. KVO IV will be converted to saline lock after 12 hrs.					
	☑ Acetaminophen 325 mg I-2 tbs every 4 hours prn discomform	t 🗵 Dipher	hydramine 25 mg po at	hs prn sleep		
	☑ Milk of Magnesia 30 ml p.o. once daily prn constipation		ox 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:					
Emergency Verbal Order or Telephone Order / Read back by:			Date/Time:			
Transcriber's Signature:			Date/Time:			
Pr	escriber's Printed Name:	Noting Nurse's S	ignature:	Date/Time:		
Pro	escriber's Signature:	Complete Call	Back Number	Date/Time:		