Methodist Healthcare

(Place Patient Identification Sticker Here)

BEHAVIORAL HEALTH ORDERS

HT: _____ cm

WT: _____ kg

ALLERGIES: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
1.	Admit Methodist Behavioral Health per Dr. _____		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
2.	Notify physician of patient's arrival		
3.	Precaution Checks:		
	[ ] one to one observation [ ] every 15 minutes		
	[ ] every 30 minutes [ ] every 60 minutes		
4.	Labs: CMP, TSH, CBC with differential, serum		
	pregnancy test for women ages 18-50 (except for post		
	hysterectomy or post menopause), sickle cell screen		
	(black race only), T4, RPR, UA, Urine drug screen		
	including marijuana, observed with chain of custody.		
	Obtain Lithium level in AM if patient on Lithium.		
5.	Vital signs BID x 3 days then daily unless patient		
	is being detoxed then VS QID x 72 hours then daily		
	when stable		
6.	Weigh patient on admission then once per week		
	except for Eating Disorder patients, weigh biweekly		
7.	Regular diet unless otherwise specified		
8.	Meds:		
	[ ] Acetaminophen (Tylenol) 650 mg PO q		
	4 hours PRN headache (MAX: 4 gm in 24 hours)		
	[ ] Aspirin 650 mg PO q 4 hours PRN headache		
	(MAX: 4 gm in 24 hours)		
	• Diphenhydramine (Benadryl) [ ] 25 mg **OR** [ ] 50 mg		
	PO or IM q 3 hours x2 PRN for extrapyramidal		
	symptoms, Notify MD of above.		
	[ ] Laxative of choice per protocol		
	[ ] Antacid of choice per protocol		
9.	Visitors and telephone privileges per unit protocol		
10.	Off unit for procedures with staff after nurse determines		
	appropriateness per unit protocol		
11.	Clinical adjunctive therapy if deemed appropriate by		
	treatment team		

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12.	Room search PRN if deemed necessary by treatment		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	team		
13.	Old chart to floor if applicable		
14.	Psychosocial history/assessment		
15.	Patient may smoke per **Exception** to Methodist		
	Le Bonheur Healthcare Smoking Policy #11-65-114		
	[ ] Yes [ ] No		
16.	Psychotherapy		
	Physician Signature:_____		
	Physician ID#_____		