

Physician Orders ADULT: Hospice GIP/Respite Admit Plan

	te Orders Phase Sets/Protocols/PowerPlans		
$\overline{\mathbf{A}}$	Initiate Powerplan Phase		
		pite Admit Phase, When to Initiate:	
	ice GIP/Respite Admit Phase		
Adm	ission/Transfer/Discharge		
	Patient Status Initial Inpatient		
	T;N Admitting Physician:		
	Reason for Visit:	O	
		Specific Unit:	to or more
		Anticipated LOS: 2 midnigh	is or more
	Notify Physician-Once Notify For: Notify of room	number upon admission	
☑	Nursing Communication Notify Methodist Hospice	on arrival to floor 516-1600	
Vital	Signs		
$\overline{\mathbf{A}}$	Vital Signs		
	Monitor and Record T,P,I	R,BP, q8h(std)	
	Vital Signs		
	Monitor and Record T,P,I	R,BP, q4h(std)	
Activ	ity		
	Bedrest w/BRP		
	Out Of Bed		
	Up To Chair, Ad Lib		
Food	/Nutrition		
	NPO		
Patie	nt Care		
	Advance Diet As Tolerated		
	Code Status		
	Wound Care		
Respiratory Care			
\Box	O2-BNC		
		ons: titrate to keep O2 sat greater than or equal to 92%.	
Medi	cations	, ,	
☑	+1 Hours acetaminophen 650 mg, Tab, PO, g4h, P	RN Pain, Mild or Fever, Routine	
$\overline{\mathbf{A}}$	+1 Hours prochlorperazine	+1 Hours prochlorperazine 10 mg, Tab, PO, q6h, PRN Nausea/Vomiting, Routine	
$\overline{\mathbf{A}}$	+1 Hours hyoscyamine		
_	0.125 mg, Tab, SL, q6h, PRN excess secretions, Routine		
	Date Time	Physician's Signature	MD Number

*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention





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IVS - This component is an IV Set NOTE - This component is a note Rx - This component is a prescription SUB - This component is a sub phase, see separate sheet R-Required order

