



Physician Orders ADULT: Behavioral Health Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Behavioral Health Admit Phase, When to Initiate: _____

Behavioral Health Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
T;N, Admitting Physician: _____
Reason for Visit: _____
Bed Type: Other-see Special Instructions Unit: Behavioral Health Unit
Care Team: _____ Anticipated LOS: 2 midnights or more

Vital Signs

- Vital Signs
 - bid x 3 days then daily (DEF)**
 - qid x 3 days then daily.*

Activity

- Out Of Bed
Up As Tolerated

Food/Nutrition

- Consistent Carbohydrate Diet
 - Caloric Level:** 1800 Calorie (DEF)*, **Insulin:** [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;
Renal Patient: [] No [] Yes, on dialysis [] Yes, not on dialysis
 - Caloric Level:** 2000 Calorie (DEF)*, **Insulin:** [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;
Renal Patient: [] No [] Yes, on dialysis [] Yes, not on dialysis
- Regular Adult Diet
- AHA Diet
Adult (>18 years)
- Renal Diet Not On Dialysis
Adult (>18 years)
- Renal Diet On Dialysis
Adult (>18 years)

Patient Care

- VTE MEDICAL Prophylaxis Plan(SUB)*
- Precaution Checks
q15min, Special Instructions: Reason: _____
- Line of Sight Observation





Physician Orders ADULT: Behavioral Health Admit Plan

- One to One Observation
Special Instructions: Reason: _____
- Weight
on admission
- Weight
QWeek
- Room Search
prn PRN, Special Instructions: if deemed necessary by BEH Administration
- Dual Diagnosis Group Psychotherapy

Medications

- +1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Headache, Max dose = of 4gm in 24 hours
- +1 Hours** diphenhydrAMINE
 - 25 mg, Cap, PO, q4h, PRN extrapyramidal symptoms (DEF)**
Comments: Extrapyrimidal Symptoms
 - 50 mg, Cap, PO, q4h, PRN extrapyramidal symptoms*
Comments: Extrapyrimidal Symptoms
- +1 Hours** diphenhydrAMINE
 - 25 mg, IM, q4h, PRN extrapyramidal symptoms, If unable to tolerate PO (DEF)**
 - 50 mg, IM, q4h, PRN extrapyramidal symptoms, If unable to tolerate PO*
- +1 Hours** Milk of Magnesia
30 mL, Oral Susp, PO, QDay, PRN Constipation
- +1 Hours** Maalox Advanced Maximum Strength
15 mL, Oral Susp, PO, q6h, PRN Heartburn
If patient has not received a TB skin test in the last 6 months or TB status unknown, place order below:(NOTE)*
- +1 Hours** PPD
0.1 mL, Test, ID, once

Smoking Cessation Medications

- Smoking Cessation Advice/Counseling
Provide teaching materials and document.
Verify allergies and skin sensitivities (NOTE)*
Select one choice from Section A and one from Section B.(NOTE)*
Section A: Choose ONE(NOTE)*
10 cigarettes are equivalent to about 1/4 tin of snuff or 1 pouch of chew(NOTE)*
- +1 Hours** nicotine
21 mg, Patch, TOP, QDay, Routine, (for 6 week)





Physician Orders ADULT: Behavioral Health Admit Plan

Comments: Pharmacy: please ensure the start dates for all applicable nicotine patch orders follow the correct titration schedule. Step 1 (21 mg/day) for 6 weeks, followed by, Step 2 (14 mg/day) for 2 weeks; finish with step 3 (7 mg/day).

For daily use of 10 or fewer cigarettes or weight less than 45 kg choose below:(NOTE)*

- +1 Hours nicotine 14 mg, Patch, TOP, QDay, Routine, (for 2 week)
Comments: Pharmacy: please ensure the start dates for all applicable nicotine patch orders follow the correct titration schedule. Step 1 (21 mg/day) for 6 weeks, followed by, Step 2 (14 mg/day) for 2 weeks; finish with step 3 (7 mg/day).
+1 Hours nicotine 7 mg, Patch, TOP, QDay, Routine
Comments: Pharmacy: please ensure the start dates for all applicable nicotine patch orders follow the correct titration schedule. Step 1 (21 mg/day) for 6 weeks, followed by, Step 2 (14 mg/day) for 2 weeks; finish with step 3 (7 mg/day).

Section B: Choose ONE(NOTE)*

4 mg strength is recommended for patients who smoke, dip, or chew as soon as they wake up, have severe withdrawal symptoms when they can't smoke, dip or chew, or have failed at previous quit attempts.(NOTE)*

- +1 Hours nicotine 4 mg, Gum, Chewed, q1h-Awake, PRN Smoking Cessation, Routine
Comments: Max 20 pieces/day
+1 Hours nicotine 2 mg, Gum, Chewed, q1h-Awake, PRN Smoking Cessation, Routine
Comments: Max 20 pieces/day
If unable to chew gum then place the order below:(NOTE)*
+1 Hours nicotine 2 mg, Lozenge, PO, q1h-Awake, PRN Smoking Cessation, Routine
Comments: Max 20 pieces/day. Do not chew.
+1 Hours nicotine 4 mg, Lozenge, PO, q1h-Awake, PRN Smoking Cessation, Routine
Comments: Max 20 pieces/day. Do not chew.

Laboratory

- Comprehensive Metabolic Panel
Routine, T;N, once, Type: Blood
CBC
Routine, T;N, once, Type: Blood
TSH
Routine, T;N, once, Type: Blood
T4 Total
Routine, T;N, once, Type: Blood



* 1 1 1 *



Physician Orders ADULT: Behavioral Health Admit Plan

- Rapid Plasma Reagin Test
Routine, T;N, once, Type: Blood
- PTT
Routine, T;N, once, Type: Blood
- PT
Routine, T;N, once, Type: Blood
- Dilantin Level
Routine, T;N, once, Type: Blood
- Lithium Level
Routine, T+1;0400, once, Type: Blood
- Valproic Acid Level
Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- Drug Abuse Screen Urine
Routine, T;N, once, Type: Urine, Nurse Collect

Note: Order Pregnancy Screen Serum if patient is between the ages of 18-50 and not post-hysterectomy or post-menopausal.(NOTE)*

- Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- HA1C
Routine, T;N, once, Type: Blood
- Lipid Profile
Routine, T;N, once, Type: Blood
- Glucose Fasting
Routine, T;N, once, Type: Blood

Diagnostic Tests

- Electrocardiogram
Start at: T;N, Priority: Stat

Consults/Notifications/Referrals

- Notify Physician-Once
Notify For: room number upon admission
- Notify Resident-Continuing
Notify: Attending/Covering MD, Notify For: if patient experiences extrapyramidal symptoms and diphenhydramine PRN has been administered.
- Physician Consult
Reason for Consult: H&P and medical follow-up
- Physician Consult





Physician Orders ADULT: Behavioral Health Admit Plan

Reason for Consult: Endocrine status

- Physician Consult
- Medical Social Work Consult
Reason: Other, specify, Psychosocial Assessment
- Consult Wound Care Nurse

***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
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
R-Required order

