

Admit/Transfer to Neuroscience Unit

Allergies: _____

Weight: _____ kg

Height: _____ cm

Admit to: _____

Admit as: Inpatient Observation

Admit type:

Floor

Step-down unit

Diagnosis: _____

Consult: PT OT ST Other (specify) _____

Diet: NPO Clear Liquid Advance as tolerated
 Regular Other (specify) _____

Vital Signs: Q1h x 2, then Q2h x 8, then Q4h x 48h, then routine (Q8) and prn
 Q2h Q4h Other: _____

Activity: Bedrest OOB _____ X per day
 As tolerated Assist

Intake/Output: Yes No

Respiratory: CP Monitor Continuous Pulse Oximeter
 Other: _____

Labs: _____

Medications (be sure to include any home medications):

PRN Medications:

- Acetaminophen (10-15mg/kg) _____ mg PO PR every 4 hours PRN pain/discomfort
- Ondansetron (0.1 mg/kg, up to 4 mg) _____ mg IV IM PO every 8 hours PRN nausea/vomiting
- Acetaminophen/Hydrocodone (500/5mg, one tablet if <50kg, two tablets if > 50kg) _____ tablets PO every 4 hours PRN pain
- Acetaminophen/Hydrocodone oral solution (0.2 mg/kg Hydrocodone, up to 10 mg) _____ mg every 4 hours PRN pain
- Morphine (0.1 mg/kg) _____ mg IV IM every 2 hours PRN pain
- Diphenhydramine (1.25 mg/kg, maximum dose: 50 mg) _____ mg PO every 6 hours PRN itching
- Docusate Sodium (1.25 mg/kg) _____ mg PO every 6 hours PRN constipation (Max dose 400 mg/day)
- Lidocaine 4% cream (LMX 4) topically PRN before IV starts/procedures
- Other: _____

IV Fluids: D5W 1/2 NS with 20 Meq/L KCL to run at _____ mL/hr
 Heplock when taking PO well; flush with heparin 10 units/mL
 Other: _____

Physician Signature

Physician ID #