### Physician Orders ADULT

**Skilled Nursing Facility Admit Plan**

**[R] = will be ordered**

T= Today; N = Now (date and time ordered)

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**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

#### Admission/Transfer/Discharge

- [ ] Admit Patient to Dr. _________________________
- [ X ] Inpatient [ ] Outpatient [ ] Observation

**NOTE to MD:**

- **Inpatient** - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care.
- **Outpatient** - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area.
- **Observation** - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up.

**Bed Type:**

- [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: SNF

- [ ] Notify physician once T;N, of room number on arrival to unit

**Primary Diagnosis:** _____________________________________________________

**Secondary Diagnosis:** ___________________________________________________

#### Vital Signs

- [ ] Vital Signs per Unit Protocol T;N

**Activity**

- [ ] Activity As Tolerated T;N, Ad lib
- [ ] Activity As Tolerated T;N, Up with assistance
- [ ] Bedrest T;N

**Food/Nutrition**

- [ ] Supplements (Not Tube Feeding) T;N, Product: _____________________, Frequency: _______. Comment: ____________________________

- [ ] Tube Feeding Bolus Plan
- [ ] Tube Feeding Continuous Plan
- [ ] ADA Adult Diet 1800 Cal Plan
- [ ] ADA Adult Diet 2000 Cal Plan
- [ ] Soft Diet T;N
- [ ] Bland Diet T;N, Meat Texture: ________, Additives/Fortifiers: __________________
- [ ] Mechanical Soft Diet T;N, Age Group: Adults > 18yrs, Meat Texture: ________, Additives/Fortifiers: __________________
- [ ] Sodium Control Diet T;N, Sodium Restriction: ________, Age Group: Adult > 18 years
- [ ] AHA Diet T;N, Age Group: Adult > 18 years, Sodium Restriction: ________, Additives/Fortifiers: __________________
- [ ] Renal Diet Not On Dialysis T;N
- [ ] Renal Diet On Dialysis T;N, Age Group: Adult > 18 years
- [ ] Lactose Restricted Diet T;N, Age Group: Adult > 18 years, Lactose Restriction: __________________
- [ ] Snack T;N, Snack Item: __________________, Frequency: ________
- [ ] Food Preferences T;N, Comments: ____________________________

**Patient Care**

- [ ] VTE Medical Prophylaxis Plan See separate sheet

- [ ] Code Status T;N, POST FORM Exists: ______ Yes ______ No, Resuscitation
  - Type: __________________ Resuscitation
  - Limits: ____________________________
### Patient Care continued

| [ ] | Height | T;N, on admission |
| [ ] | Weight | T;N, on admission |
| [ ] | Weight | T;N, Mon |
| [ ] | Intake and Output | T;N, q8h |
| [ ] | Whole Blood Glucose Nsg | T;N, Routine, q6h |

#### Hypoglycemia Protocol Plan
- T;N, Routine
- Gastrostomy Tube Care
- J-Tube/Peg Tube Care
- NGT
- Special Bed Request
- Indwelling Urinary Catheter Insert
- Indwelling Urinary Catheter Care
- Check/Remove Impaction
- Isolation Precautions
- IV Insert/Site Care
- PICC Line Care
- Central Line Care
- Implanted Port Care
- Wound Care
- Nursing Communication
- Recreation Therapy-SNF

### Respiratory Care

| [ ] | Nasal Cannula | T;N, Oxygen Liter Flow: __________ |
| [ ] | Simple Face Mask | T;N, Oxygen Liter Flow: __________ |
| [ ] | Non Rebreather Mask | T;N, Oxygen Liter Flow: __________ |
| [ ] | Trach W/Oxygen | T;N, Oxygen Percentage: __________% |
| [ ] | RT Communication | T;N, Resident may self-administer MDI if assessed and documented as safe to do so |

### Medications

- Sliding Scale Insulin Protocol Plan

**NOTE:** The following stop dates will apply unless the physician specifies a duration of therapy

**NOTE:** Antibiotics 7 days

**NOTE:** Hypnotics 10 days

**NOTE:** PRN Schedule II narcotics 72 hrs

**NOTE:** PRN antipsychotics 72 hrs

**NOTE:** All other medications will have a stop date of 60 days
## Medications continued

| [ ]  | docusate | 100 mg, Cap, PO, Qday, Routine, T; N |
| [ ]  | magnesium hydroxide (Milk of Magnesia) | 30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine, T; N, Comment: per Laxative of Choice Protocol, offer first |
| [ ]  | bisacodyl | 5 mg, EC Tablet, PO, Daily, PRN Constipation, Routine, T; N, Comment: per Laxative of Choice Protocol, offer second |
| [ ]  | sodium biphosphate-sodium phosphate (Fleet Enema) | 1 bottle, Enema, PR, daily, PRN Constipation, Routine, T; N, Comment: per Laxative of Choice Protocol, offer third |

### Consults/Notifications

| [ ]  | Medical Social Work Consult | T; N, Reason for Consult: |
| [ ]  | Dietitian Consult | T; N, Type of Consult: Nutrition Management |
| [ ]  | Occupational Therapy Initial Eval & Tx | T; N, Routine |
| [ ]  | Physical Therapy Initial Eval & Tx | T; N, Routine, Comment: for mobility |
| [ ]  | Speech Therapy Initial Eval & Tx | T; N, Routine, Reason for Exam: |
| [ ]  | Physician Group Consult | T; N, Routine, Group: Hospice and palliative Care- xcov, Reason for Consult: |
| [ ]  | Consult Wound Care Nurse | T; N, Routine, Reason: |

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<th>Date</th>
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<th>Physician's Signature</th>
<th>MD Number</th>
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NOTE: Magnesium hydroxide (Milk of Magnesia) not recommended for renal compromised patients.