

ADMISSION ORDERS				
Admit to: <input type="checkbox"/> Med Ward <input type="checkbox"/> Surg Ward <input type="checkbox"/> ICU <input type="checkbox"/> Other _____				
Diagnosis:				
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical <input type="checkbox"/> Undetermined				
Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> DNR/DNI <input type="checkbox"/> Other _____				
Vitals:	Freq:	Notify MD For:		
<input type="checkbox"/> Temp		T > ___ or < ___ °F		
<input type="checkbox"/> HR		HR > ___ or < ___ bpm		
<input type="checkbox"/> BP		MAP > ___ or < ___		
<input type="checkbox"/> RR		RR > ___ or < ___ bpm		
<input type="checkbox"/> Pulse Ox		O2sat < ___ %		
<input type="checkbox"/> Urine output		Urine output < _____ cc/hr		
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> Latex <input type="checkbox"/> Iodine <input type="checkbox"/> Other _____				
Nursing: <input type="checkbox"/> Chart I/O's q____ <input type="checkbox"/> Dressing change q____ <input type="checkbox"/> Other _____				
Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Liquids <input type="checkbox"/> NPO <input type="checkbox"/> Diabetic <input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____				
Devices: <input type="checkbox"/> PIV <input type="checkbox"/> Foley <input type="checkbox"/> O2 _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				
IV Fluids: <input type="checkbox"/> Normal Saline @ ___cc/hr <input type="checkbox"/> Lactated Ringers @ ___cc/hr <input type="checkbox"/> D5W @ ___cc/hr <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Normal Saline Bolus _____cc				
Special: <input type="checkbox"/> Electrocardiogram q____ <input type="checkbox"/> Chest X-Ray q____ <input type="checkbox"/> Telemetry <input type="checkbox"/> Other _____				
Medication:	Dose:	Route:	Freq:	PRN/Indication:
Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> Bathroom privileges <input type="checkbox"/> Ad lib <input type="checkbox"/> Out of Bed to Chair q____				
DVT prophylaxis:				
DVT prophylaxis not indicated due to:				
Labs: <input type="checkbox"/> Complete Blood Count q____ <input type="checkbox"/> Basic Metabolic Profile q____ <input type="checkbox"/> Complete metabolic profile q____ <input type="checkbox"/> Cardiac Enzymes q____ <input type="checkbox"/> Coag Panel q____				
Other Labs:				
Provider:				Date: