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BEHAVIORAL HEALTH ADMISSION
PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	BEHAVIORAL HEALTH ADMISSION
		DATE: **TIME:**
		Admit to BHS: Dr. Service
		History & Physical Consultation by:
		Diagnosis:
		Vital signs every shift until stable; then daily
		Allergies:
		Diet:
		Labs: BAL via intoximeter, CBC, STS, CMP2, THS (if not performed in ED)
		UA, urine drug screen on admission, repeat UDS 72 hours after admission screen obtained
		MEDICATIONS:
		1. _____ Benadryl 50 mg IM for EPS x 1; then notify Physician
		2. _____ Acetaminophen 650 mg PO every 4 hours prn x 6 doses daily for simple pain
		3. _____ Maalox 30 ml PO every 4 hours prn x 6 doses for gastric distress
		4. _____ MOM with Cascara 30 ml PO prn x 1 for daily constipation
		5. _____ Senekot 2 tabs PO prn for daily constipation
		6. _____ Ambien 10 mg every HS PO prn for insomnia
		7. _____ Ativan 2 mg PO or IM every 6 hours prn for agitation
		8. _____ GIVE THE FOLLOWING 3 MED IN COMBINATION for severe psychotic agitation: Ativan 2 mg PO or IM every 6 hours prn **-and-** Haldol 5 mg PO or IM every 6 hours prn **-and-** Benadryl 50 mg PO or IM every 6 hours prn

FAXED BY/TIME:	TIME NOTED:	
		Doctor's Signature _____,MD Date _____ Doctor's Pager _____ Nurse's Signature / Title_____

Military Time > >

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

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PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	BEHAVIORAL HEALTH ADMISSION
		DATE: TIME:
		ADDITIONAL MEDICATIONS FOR ALCOHOL DETOX:
		1. _____ Ativan 4 mg IM x 1 prn for seizures; then notify Physician stat
		2. _____ Thiamine 100 mg PO daily x 7 days for nutritional supplementation
		3. _____ Theragran - M - 1 tablet daily PO for nutritional supplementation
		4. _____ Serax 15 mg PO every 4 hours withdrawal; hold for lethargy
		5. _____ Serax 15 mg PO every 2 hours prn withdrawal; hold for lethargy
		6. _____ Serax 15 mg PO every 4 hours prn withdrawal
		7. _____ Omit Acetaminophen if ordered
		ADDITIONAL MEDICATIONS FOR OPIATE DETOX:
		1. _____ Allegra D 1 tab PO daily prn for rhinitis / cold symptoms
		2. _____ Serax 15 mg PO every 4 hours withdrawal; hold for lethargy
		3. _____ Serax 15 mg PO every 2 hours prn withdrawal; hold for lethargy
		4. _____ Serax 15 mg PO every 4 hours prn withdrawal
		5. _____ Clonidine 0.05 mg PO every 4 hours prn opiate withdrawal; hold for systolic BP 110 or less -or- pulse less than 60
		6. _____ Dolobid 500 mg PO every 8 hours prn for pain. Give with Maalox 15 ml prn for gastric distress
		7. _____ Levsin 0.25 mg PO every 8 hours prn for abdominal cramps
		8. _____ Immodium 2 mg PO prn for diarrhea; do NOT exceed 16 mg in 24 hours.

FAXED BY/TIME:	TIME NOTED:	
		Doctor's Signature _____,MD Date _____
		Doctor's Pager _____
Military Time > >		Nurse's Signature / Title_____

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