Your Hospital's Logo Here

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	ADMISSION ORDERS — PAGE 1 of 2
		CROSS THROUGH AND INITIAL ORDERS NOT APPLICABLE
		DATE: **TIME:** (Military Time)
		DIAGNOSIS:
		ALLERGIES:
		DNAR STATUS:
		☐ FULL CODE: ADMINISTER CPR ☐ DO NOT ATTEMPT RESUSCITATION
		DIETARY: (Check Appropriate Orders)
		☐ REGULAR ☐ MECHANICAL SOFT ☐ PUREED
		☐ 2-4 Gms SODIUM ☐ NO ADDED SALT
		☐ HOUSE CALORIE CONTROL (1200 - 1600 Calories)
		☐ HOUSE DIABETIC (1700 - 2100 Calories)
		☐ OTHER (Specify): .....
		☐ NUTRITIONAL SUPPLEMENTS AS RECOMMENDED BY DIETICIAN
		☐ MAY LIFT DIETARY RESTRICTIONS AT FACILITY FUNCTIONS
		☐ TUBE FEEDINGS:
		Formula .....
		Rate ..... ML / HR x ..... HRS
		Bolus ..... ML Q ..... HRS
		Flush ..... ML H_2O Q ..... HRS
		☐ PROMOD ..... SCOOPS: Once a Day / BID / TID / 4X a Day
		OTHER .....
		THERAPY: EVALUATION REASON FOR EVALUATION
		☐ PT [ ] .....
		☐ OT [ ] .....
		☐ SPEECH [ ] .....
		☐ THERAPEUTIC DEVICE
		CONSULTS:
		ACTIVITY LEVEL:
		☐ RESTRICTIONS

FAXED BY/TIME: **TIME NOTED:**

Doctor's Signature _____,MD Date _____

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	ADMISSION ORDERS (Continued) PAGE 2 of 2	
		DATE: **TIME:** (Military Time)	
		CROSS THROUGH AND INITIAL ORDERS NOT APPLICABLE	
		LABWORK:	
		☐ ADMISSION LABWORK NOW & ANNUALLY	
		► GENERAL HEALTH PROFILE (if not done 1 week prior to admission)	
		► CBC (if not done 1 week prior to admission)	
		► EKG (if not done 1 week prior to admission)	
		☐ OTHER LAB ORDERS:.....	
		PPD:	
		☐ ON ADMISSION / REPEAT IN 2 WEEKS IF NEGATIVE	
		► Tuberculin Purified Protein Derivative 0.1ml (5 TY) intradermally X 1	
		MEDICATIONS / TREATMENTS	**RATIONAL FOR USE**
		1	
		2	
		3	
		4	
		5	
		6	
		7	
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FAXED BY/TIME: | **TIME NOTED:**

Doctor's Signature _____,MD Date _____

Nurse's Signature / Title_____

Military Time > >

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