

NEW ADMISSION/READMISSION PHYSICIAN ORDER FORM

Patient Name:		Date:	Physician:
Medican Record #	Room #	Allergies:	
Diagnoses:			
MEDICATIONS: List Dosage,	Time, Frequency	PRN ORDERS	
Able to participate in self administration of medications <input type="checkbox"/> yes <input type="checkbox"/> no		To be filled upon request of facility	
		ANTACID WITH SIMETHICONE LIQUID 30CC 30CC TID PRN GI UPSET	
		GUAIFENESIN 100mg/5ml SYRUP 2 TSP (10ML) TID PRN COUGH	
		LOPERAMIDE 2mg AFTER Q LOOSE STOOL PRN; NOT TO EXCEED 4 DOSES PER DAY	
		REMOVAL OF FECAL IMPACTIONS PRN	
		MOM 30cc QD PRN CONSTIPATION	
		TRIPLE ANTIBIOTIC OINTMENT TO SKIN TEARS & OPEN AREAS PRN BID UNTIL HEALED	
		ACETAMINOPHEN 325mg TAB GIVE 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR TEM >100 OR GENERAL DISCOMFORT	
		TEGEDERM TO TREAT SKIN TEARS & OPEN AREAS PRN UNTIL HEALED	
		DULCLOLAX SUPPOSITORY 1 SUPPOSITORY EVERY DAY FOR CONSTIPATION	
		INCONTINENT PRODUCTS: BRIEF/PULL-UPS FOR INCONTINENCE	
		BARRIER CREAM EVERY DAY PRN SKIN PROTECTANT	
Any additional sheets MUST be signed and dated			
Physician's Signature:			Date:
Reviewed By:			Date: