

NEW ADMISSION/READMISSION PHYSICIAN ORDER FORM

Patient Name:		Room #	Medical Record #
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OTHER ORDERS

STANDARD PHYSICIAN ORDERS:

ACTIVITY AS TOLERATED.
 RECREATIONAL ACTIVITIES;
 MAY CRUSH AND MIX MEDS UNLESS CONTRAINDICATED;
 MAY LEAVE CBRF W/RESPONSIBLE PARTY PRN W/MEDS;
 MONTHLY B/P & WEIGHT;
 MAY HAVE PODIATRY/DENTAL/OPHTHALMIC CONSULT PRN
 FOLLOW RECOMMENDATIONS
 MAY USE SUNSCREEN AS NEEDED TO PREVENT SUNBURN

APPROVE GENERIC SUBSTITUTION FOR SELECTED
 NONPROPRIETARY (OVER THE COUNTER) DRUGS & FDA
 APPROVED DRUG PRODUCTS

MED MONITORING AND/OR ADMINISTRATION TO BE DONE BY
 ELIZABETH RESIDENCE BAYSIDE STAFF W/R.N. SUPERVISION

MEDS SUPPLIED BY PRESCRIPTIONS PLUS PHARMACY

ALL RESIDENTS TO BE SEEN WITHIN 90 DAYS PRIOR TO
 ADMISSION OR WITHIN 7 DAYS AFTER ADMISSION &
 ANNUALLY THEREAFTER

IMMUNIZATIONS:

Yearly flu vaccine per CDC Recommendation (Oct. to Dec. yearly)
yes no
*(DO NOT ORDER IF ALLERGIC TO EGGS, FEATHERS,
 GENTAMYCIN OR IF HAS A HX OF GUILLIAN-BARRE SYNDROME)*

**TO MY KNOWLEDGE THIS RESIDENT IS FREE OF ANY
 CLINICALLY APPARENT COMMUNICABLE DISEASE:**

yes no

ROUTINE TREATMENTS:

MONITOR BM'S

DIET:

LAB ORDERS:

THERAPIES/CONSULTS:

P.T. per plan of care YES
 O.T. per plan of care YES NO
 S.T. per plan of care YES NO

ADVANCE DIRECTIVES

**ACTIVITY TO INCLUDE PERSONAL HOUSEKEEPING
 ACCORDING TO THERAPEUTIC PLAN OR CARE:**

yes no

**HOSPITAL CHOICE FOR EMERGENCY ROOM
 EVALUATION OR ADMISSION:**

Physician's Signature:	Date:
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