

**ADMISSION / POST OPERATIVE /
 TRANSFER PHYSICIAN'S ORDER SHEET
 (TARGET LOS - 5 DAYS) FOR INITIAL ADMISSION**

DIAGNOSIS:

DRUG ALLERGIES:

DATE / TIME ORDERED	ORDERS AND SIGNATURE	NURSE'S INITIALS
	ADMIT TO M.D.:	
	TRANSFER TO: _____ FROM: _____	
	Consult:	
	Intensivist:	
	<input type="checkbox"/> regular bed <input type="checkbox"/> monitored bed <input type="checkbox"/> Critical Care Unit <input type="checkbox"/> IMCU	
	Vital Signs: Every ____ hours for ____ hours then every ____ hours.	
	<input type="checkbox"/> Pulse Oximetry	
	Activity: * <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> Ambulate w/ assistance <input type="checkbox"/> Other _____	
	<i>*If no activity specified, ambulate with assistance.</i>	
	Diet:	
	Tests:	
	Treatments:	
	DVT Prophylaxis: <input type="checkbox"/> Pneumatic Compression Stockings	
	<input type="checkbox"/> Consider anti-coagulation. <i>(See medication below)</i>	
	<input type="checkbox"/> Other:	
	Medications: IV medications	
	<input type="checkbox"/> Anti-coagulation therapy	
	<input type="checkbox"/> Antiplatelet therapy	
	<input type="checkbox"/> Other:	

PHYSICIAN SIGNATURE:

ID #

APPROVED THERAPEUTICALLY EQUIVALENT PRODUCTS WILL BE USED UNLESS OTHER WISE INDICATED.

Please write legibly – Remember ID# after signature