Lutheran Hospital
a Cleveland Clinic hospital

LTF1009B1

KEY FOR DISPOSITION: ENCIRCLE C = COMPLETED AND SENT TO PROPER DESTINATION VIA COMPUTER OR REQUISITION

NOTE ▶ THE GENERIC FORMULA OR EQUIVALENT OF A DRUG IS AUTHORIZED ON THESE MEDICATION ORDERS WHEN FILLED BY THE FAIRVIEW HOSPITAL PHARMACY.

DATE	TIME	PHYSICIAN'S ORDERS & SIGNATURE	FOR NURSING USE ONLY: INITIAL	DATE & TIME	DISPOSITION
		PSYCHIATRIC ADMITTING ORDERS ☐ 2B ☐ 3B ☐ 6D ☐ 6N ☐ 3CE			C
		DIRECTIONS ▶ All checked (✓) orders will be initiated. All previous orders will be cancelled. **FILL IN TODAY'S DATE/TIME WHEN ORDERS ARE WRITTEN.**			C
		☑ ADMIT AS: ☐ Observation ☐ Inpatient			C
		☑ ADMIT TO SERVICE OF: _____			C
		☑ STATUS: ☐ Voluntary ☐ Involuntary			C
		☑ DIAGNOSIS: _____			C
		☐ MEDICAL CONSULT: _____			C
		Reason for Consult: ☐ History and Physical			C
		☐ Other _____			C
		☐ ALLERGIES: _____			C
		☑ DIET: _____			C
		☐ Nutrition consult			C
		☑ VITAL SIGNS, INCLUDING ORTHOSTATIC BP, TWICE DAILY FOR 3 DAYS,			C
		THEN DAILY			C
		☑ HEIGHT, WEIGHT, WAIST CIRCUMFERENCE			C
		☑ SOCIAL WORK SERVICES			C
		☐ ACTIVITY/GROUP THERAPY PER TREATMENT TEAM/CARE PLAN			C
		☐ PSYCH OCCUPATIONAL THERAPY PER TREATMENT TEAM/CARE PLAN			C
		☑ ACTIVITY: _____			C
		☐ Physical Therapy consult ☐ Occupational Therapy consult			C
		DIAGNOSTIC TESTING			C
		☑ EKG: To be read by: _____ ☐ N/A done in ED			C
		/Reason: _____			C
		☐ CBC & DIFF			C
		☐ BASIC METABOLIC PANEL			C
		☐ COMPREHENSIVE METABOLIC PANEL			C
		☐ BHCG for females 15-50, non-hysterectomy			C
		☐ VITAMIN B12			C
		☐ FOLATE			C
		☐ TSH			C
		☐ RPR			C
		☐ HgA1c			C
		☐ URINALYSIS			C
		☐ 25 - Hydroxy Vitamin D			C
		PHYSICIAN'S SIGNATURE: **DATE:**_____ **TIME:**_____			C
					C

PHYSICIAN'S ORDERS

SEND EACH ORDER TO PHARMACY

USE BALL POINT PEN

PHYSICIAN'S ORDERS

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LTF1009B2

KEY FOR DISPOSITION: ENCIRCLE C = COMPLETED AND SENT TO PROPER DESTINATION VIA COMPUTER OR REQUISITION

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DATE	TIME	PHYSICIAN'S ORDERS & SIGNATURE	FOR NURSING USE ONLY: INITIAL	DATE & TIME	DISPOSITION
		PSYCHIATRIC ADMITTING ORDERS ☐ **2B** ☐ **3B** ☐ **6D** ☐ **6N** ☐ **3 CE**			
		DIRECTIONS ▶ All checked (✓) orders will be initiated. All previous orders will be cancelled. **FILL IN TODAY'S DATE/TIME.**			C
		DIAGNOSTIC TESTING (cont.)			C
		☐ HIGH SENSITIVITY CRP			C
		☐ FASTING LIPID PROFILE			C
		☐ FASTING BLOOD SUGAR			C
		☐ TOX SCREEN- URINE ONLY			C
		☐ MEDICATION SERUM LEVELS: _____ ☐ Run STAT			C
		☐ Other labs: _____			C
		☐ X-RAYS- Specify reason: _____			C
		PRECAUTIONS			C
		☐ SUICIDE			C
		☐ ASSAULTIVE			C
		☐ ESCAPE			C
		☐ CLOSE OBSERVATION			C
		☐ SEIZURE			C
		☐ FALL RISK			C
		☐ CONTRAINDICATIONS TO SECLUSION OR RESTRAINT?			C
		☐ No ☐ Yes (specify)_____			C
					C
		MEDICATIONS			C
		☐ Milk of Magnesia 30 ml po once daily PRN for constipation			C
		☐ Acetaminophen 325 mg Tabs, 2 tabs po every 4 hours PRN for pain or fever			C
		☐ Mylanta 30 ml po every 4 hours PRN for indigestion			C
		☐ Nicotine patch 14 mg once daily			C
		☐ Nicotine patch 21 mg once daily			C
		☐ Nicorette gum- 1 piece every 2 hours PRN, not to exceed more than 10 pieces in			C
		24 hours for Nicotine dependence			C
					C
					C
					C
					C
					C
					C
		PHYSICIAN'S SIGNATURE: **DATE:**_____ **TIME:**_____			C
					C

PHYSICIAN'S ORDERS

SEND EACH ORDER TO PHARMACY

USE BALL POINT PEN