1. **ALLERGIES/REACTIONS:**

2. ☑ Inpatient

3. **LEVEL OF CARE:** ☑ Mental Health

4. **DIAGNOSIS:**

5. **CONDITION:**

6. **ACCEPTING PHYSICIAN:**

7. **NUTRITION:** ☐ Regular ☐ Other:

8. **LABS:**
  ☑ MRSA Screen and contact precautions, if indicated, per Inpatient Mental Health Services Infection control policy # 637
  ☑ CBC ☐ CMP ☐ TSH ☐ HgbA1C ☐ UA R (Urinalysis with culture if indicated)
  ☑ BMP ☐ Lipid Panel ☐ PT/INR (for all patients on warfarin) ☑ Serum Pregnancy ☐ Tox Screen, Urine (SAS)
  ☐ If BMI greater than 26, obtain Lipid Panel and Hgb A1C
  ☐ Other:

9. **DIAGNOSTICS:**
  ☐ Chest, PA & Lat ☐ ECG
  ☐ Other:

10. **MEDICATIONS:**
    ☑ Complete Medication Reconciliation
    ☑ Nursing to complete Nurse Initiated Vaccine Assessment Order # 596762
    ☑ Nurse may initiate Over the Counter Patient Care Products Physician Order # 767
    ☑ Warfarin (Coumadin) per pharmacy protocol, for all patients on Warfarin
    **Oral Analgesia:**
    ☐ Acetaminophen (Tylenol) 325 mg 2 tablets PO every 4-6 hours PRN cramping, headache, mild discomfort, or temperature greater than 38° C
    **LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**
    **Anti-Anxiety:**
    ☐ Lorazepam (Ativan) __________ mg PO every 4 hours PRN anxiety
    **OR**
    ☐ Hydroxyzine (Vistaril) __________ mg PO every 4 hours PRN anxiety
    **Sedative/Hypnotic:**
    ☐ Temazepam (Restoril) __________ mg PO at bedtime PRN sleep. Limit dose to 15 mg for patients age 65 and over.
    **OR**
    ☐ Zolpidem (Ambien) 5 mg PO at bedtime PRN sleep
    **Bowel Program:**
    ☑ Milk of Magnesia (MOM) 30 ml 1-2 times per day PRN constipation, if serum creatinine less than 1.8 mg/dL
    ☑ Antacid on formulary 30 ml PO every 2-4 hours PRN indigestion, if serum creatinine less than 1.8 mg/dL
    **Nicotine Replacement:**
    ☑ Nicotine Replacement per Nicotine Replacement Physician Order # 616.
    Provide smoking cessation information and document on education record.
    **Other Medications:**

11. **TREATMENT:**
    Vital Signs: ☐ Daily ☐ Twice Daily ☐ Every Shift (when awake)
    Other Observation: ☐ 1:1 ☐ Every 15 minutes ☐ Every 30 minutes
    Reason: ☐ Suicide precautions ☐ Behavior ☐ Fall precautions ☐ Elopement

12. **CONSULTS:**
    ☐ FIT consult for:
    ☐ Other:

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

**DATE** __________ __________ **TIME** __________ __________

**PHYSICIAN’S SIGNATURE**

Another brand of drug, identical in form and content, may be dispensed unless checked. ☑