

PHYSICIAN ORDERS - DIRECT ADMIT

Please use Admit Order Form for Admit Order

Admit to the service of: _____

Physician Phone: _____

Initiate Tobacco Replacement Protocol if smoker

Patient Name: _____

Admit Date: _____

Sex: Male Female Date of Birth: _____

Physician Phone: _____

Admitting Diagnosis: _____

Present Signs & Symptoms: _____

Comorbid Conditions / Pertinent Past Medical History:

Vital Signs: Blood Pressure: _____ Pulse: _____ Respiratory Rate: _____ Temperature: _____ Oxygen Saturation: _____

Weight: _____ Height: _____

PHYSICIAN ORDERS

1. **Diet:** Regular Cardiac Nothing by mouth
 Renal ADA
 Clear Liquid Other: _____

2. **Vital Signs:** Routine Other: _____

3. **Activity:** Bed Rest (BR) Out of Bed ad lib
 Out of bed with bath room privileges
 Other: _____

4. **Respiratory Therapy:** _____
Route: Nasal Cannula Venti Mask
 ABG on Room Air Nebulizer/Aerosol Treatments

5. **I.V. Fluids:** _____

6. **Lab Testing:** CBC CBC with Diff Lipids LFTS
 Chem A PTT PT/INR T,3,T4 TSH UA
 Chem B Type & Screen H&H Blood Cultures
 ESR ACP _____ C+S _____
 Other: _____

7. **X-Ray / Diagnostic Procedures:**
 EKG _____ MRI _____ with contrast
 without contrast
 Chest X-Ray _____ US _____
 with contrast
 without contrast Echo _____
Other: _____

8. **Medications** (drug, dose, route, frequency):

9. **Consults/Reason:**

10. **Additional Orders:**

I CERTIFY BY MY SIGNATURE THAT THE ORDERED LEVEL OF CARE IS BASED ON MEDICAL NECESSITY AS DOCUMENTED WITHIN THIS MEDICAL RECORD (42CFR SECTION 456.60 CERTIFICATION/RECERTIFICATION)

Physician's Signature: _____ Date: _____ Time: _____

Physician Orders-Direct Admit



Main Campus - Atlantis
North Campus - West Palm Beach
5301 South Congress Avenue
Atlantis, FL 33462

Patient Identification/Label