Admission Orders

Resident:	Age:	DOB:		ed Date nission:
GENERAL ORDERS Comments/Inst				nents/Instructions
Resident is capable of self-administering medications?		□yes □no		
Resident is permitted to consume alcohol?		□yes □no		
Resident's current medications require crushing? If yes, list.		□yes □no		
DNR Status				
ROUTINE MEDICATIONS				
Medication Strength/Dose/Route/Frequency				
	-			
PRN MEDICATIONS				
Please initial next to the statement that best describes this resident: My patient can determine and clearly communicate his/her need for prescription and nonprescription PRN				
medication.				
My patient cannot determine his/her own need for prescription and nonprescription PRB medication, but can				
clearly communicate his/her symptoms indicating a need for a nonprescription medication.				
My patient cannot determine his/her need for prescription and/or nonprescription PRN medication and cannot				
communicate his/her symptoms indicating a need for nonprescription medication. (Must contact physician before each dose)				
Medication	Strength/Dose/Routine/Frequen	cv Symp	tom/Reason	Max Dose in 24hr
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ADDITIONAL/PRN ORDERS Please line out any orders that you do not approve of. Instructions (please complete if blank) **PPD Skin Test** Upon admission, and annually thereafter Influenza vaccination Annual Pneumococcal vaccine Tylenol, 325mg po 2 tabs every 4 hours prn for fever over 100 degrees Tylenol, 325mg po 2 tabs every 4 hours prn for pain po for diarrhea, 2 caps initially, then 1 cap after each loose stool until diarrhea is Imodium AD, 2mg controlled Mylanta 30 cc po every 4 hours prn for stomach upset, notify MD if persists over 48 hours Milk of Magnesia 30 cc po every day prn for consistpation Dulcolax, 10mg 1 rectally for constipation not relieved within 24 hours after mil of magnesia given 1) Clean with shur-clens (or soap and warm water), pat dry; 2) apply antibiotic ointment; 3) cover with band-aid dressing; 4) change daily as needed; 5) observe daily for signs and Minor cuts/abrasions symptoms of infection: increased redness, swelling, pain, drainage or temperature; 6) If resident experiences any of these symptoms, notify MD; 7) discontinue when healed 1) Clean with shur-clens (or soap and warm water); 2) apply non-stick dressing and steristrips, change as needed; 3) allow steri-strips to remain in place until they fall off; 4) Minor skin tears observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature; 6) If resident experiences and of these symptoms, notify MD; 7) discontinue when healed If you approved of the above orders for the resident named, please sign below. If you do not approve of any of the orders,

authorized prescriber. Thank you for your time and cooperation.

Signature/title:

Date:

please line out the order. These orders will be in effect until such time as they are discontinued by yourself or another