

Phillips County Hospital

SWING BED ADMISSION / STANDING ORDERS

ADMIT DIAGNOSIS: _____

MEDICATION ALLERGIES: _____

FOOD ALLERGIES: _____

ADVANCED DIRECTIVES: ____ YES (If yes, please write Order & Progress Note) ____ NO

RESIDENT IS FREE FROM COMMUNICABLE DISEASES: ____ YES ____ NO

DIET: REGULAR SOFT NO CONCENTRATED SWEETS NO ADDED SALT FINGER FOODS

____ MECHANICAL SOFT (PLEASE CIRCLE ONE OF THE FOLLOWING): CHOPPED GROUND PUREED

FLUID CONSISTANCY: REGULAR NECTAR HONEY PUDDING

DISCHARGE POTENTIAL: ____ GOOD ____ FAIR ____ POOR

DISCHARGE PLAN: ____ LONG TERM CARE ____ ASL ____ APARTMENTS ____ HOME - INDEPENDENT

HOME WITH ____ FAMILY ____ HOME HEALTH ____ PALS

____ OTHER - _____

REHAB POTENTIAL: ____ GOOD ____ FAIR ____ POOR

PT/PT ASSISTANT AS NEEDED: ____ NO ____ YES / REASON _____

FREQUENCY: _____ DURATION: _____

ACTIVITY PROGRAM AS TOLERATED: ____ YES ____ NO ____ AD LIB ____ WALKER ____ W/C ____ CANE

MAY LEAVE FACILITY WITH RESPONSIBLE PERSON FOR: DAY TIME OUTINGS: ____ YES ____ NO

OVER NIGHT STAYS: ____ YES ____ NO

MAY HAVE MANTOUX TWO STEP (TB) ON ADMISSION: ____ YES ____ NO

INFLUENZA VACCINE ANNUALLY: ____ YES ____ NO

PNEUMOCOCCAL VACCINE PER CDC GUIDELINES: ____ YES ____ NO

MAY CRUSH MEDS/USE LIQUIDS IF NEEDED, UNLESS CONTRAINDICATED: ____ YES ____ NO

MAY HAVE ALCOHOL: ____ YES ____ NO

- 1) **Milk of Mag** 30 cc po qd PRN **Colace** 100 mg po I or II po qd or bid
- Senokot** I or II po qd or bid PRN **Dulcolax Suppository** I pr qd PRN
- Fleets Enema** if no results from suppository qd PRN
- 2) **Imodium** 1 tab po after each loose B.M., no to exceed 8 q 24 hours
- 3) **Acetaminophen** 650 mg po or pr q 4 hrs prn for discomfort/pain/headache/fever (NTE 4000 mg qd)
- 4) **Liquid Antacid** 10 - 20 cc po q 3-4 hours prn
- 5) **Tums** 1 or 2 po q 4 hours prn

PLACE STICKER HERE

PROVIDER SIGNATURE _____ DATE _____

DIAGNOSIS: _____ MEDS: _____

LABS: _____

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DIAGNOSIS: _____ MEDS: _____

LABS: _____

PLACE STICKER HERE

PROVIDER SIGNATURE DATE