

PPD STATUS:

POSITIVE ___ NEGATIVE ___ UNKNOWN ___

CENTRAL STATE HOSPITAL

PHYSICIAN'S ORDERS

ADMISSION PROTOCOL

Please check appropriate items below					
1. Admit to Unit: _____		2. Diagnosis: _____		3. ER	
4. CBC "	Glucose "	BUN "	Creatinine "	Electrolytes "	RPR "
AST "	Total Bilirubin "	ALT "	Serum Pregnancy Test "	Urine Drug Screen "	Chest Xray "
EKG "	PPD "	Hepatitis Profile " Hypothyroid Panel (includes TSH) " Other: _____			
5. Diet: Regular "		Other (Specify): _____		Assistance needed with meals " _____	
6. Special Observation: one to one " line of sight " every 15 minutes " every 30 minutes "					
Reason: _____					
7. Place in Seclusion Room " X _____		4 Point Restraint " X _____			
Limitations: Wearing apparel " _____			Furniture " _____		
Eating Utensils " _____			Linen Restrictions " _____		
Vital Signs _____					
Criteria for Release: _____					
8. Vital Signs every 4 hours X 72 hours " or Specify: _____					
9. Walk out privileges after 72 hour observation "			10. Standing Medication Order Protocol "		
11. Psychotropic Medication Orders: Must have client's signed consent first or justification documented and signed by the physician on the Involuntary Medication (section III on Informed Consent to Psychotropic Medication) if he or she refuses to sign. Designate dose, frequency, duration, route (P.O. or I.M.).					
1.				4.	
2.				5.	
3.				6.	
12. Other orders/medications:					
1.				4.	
2.				5.	
3.				6.	
DATE	TIME	PHYSICIAN'S SIGNATURE	DATE	TIME	NURSE'S SIGNATURE
ALLERGIES:			STAMP PLATE		