

## ADMISSION ORDERS

SECTION A: MEDICATION/TREATMENT		SECTION D: OTHER (Complete this section once part 4 is detached)	
		Admit to: _____	
Diagnosis: _____		Rehab potential: <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> None    LOC: <input type="radio"/> Skilled <input type="radio"/> Nursing <input type="radio"/> Other _____	
		Comment: _____	
Diagnosis: _____		<b>CPR Status:</b> <input type="radio"/> No CPR <input type="radio"/> Yes CPR    Resident Representative aware: <input type="radio"/> No <input type="radio"/> Yes	
		Advance Directives: <input type="radio"/> No <input type="radio"/> Yes    Copy attached: <input type="radio"/> No <input type="radio"/> Yes	
Diagnosis: _____		<b>Diet Order:</b> _____	
		Texture: <input type="radio"/> Regular <input type="radio"/> Ground meat <input type="radio"/> Pureed <input type="radio"/> As tolerated <input type="radio"/> Other _____	
Diagnosis: _____		<input type="checkbox"/> May have regular diet - special occasions <input type="checkbox"/> Supplements: _____	
		<b>Therapy Evaluation Orders:</b>	
Diagnosis: _____		Weight bearing: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None    Mobility Status: _____	
		PT _____ x per week    OT _____ x per week    ST _____ x per week	
Diagnosis: _____			<b>YES</b> <b>NO</b>
		Restraints – If yes, type/frequency/reason	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Bed/side rails – If yes, type/frequency/reason	<input type="radio"/> <input type="radio"/>
		Podiatry care PRN	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Dental care PRN	<input type="radio"/> <input type="radio"/>
		Ophthalmology care PRN	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Audiology care PRN	<input type="radio"/> <input type="radio"/>
		May participate in: Overall activity plan	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Volunteer program	<input type="radio"/> <input type="radio"/>
		May have occasional alcoholic beverages	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		May go on pass with meds	<input type="radio"/> <input type="radio"/>
		TB screening per facility policy	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Chest X-ray	<input type="radio"/> <input type="radio"/>
		Pneumococcal vaccine	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Influenza vaccine	<input type="radio"/> <input type="radio"/>
		Laboratory orders (specify below, including frequency)	<input type="radio"/> <input type="radio"/>
Diagnosis: _____			<input type="radio"/> <input type="radio"/>
			<input type="radio"/> <input type="radio"/>
Diagnosis: _____			<input type="radio"/> <input type="radio"/>
			<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Vital signs per facility policy	<input type="radio"/> <input type="radio"/>
		Weight per facility policy	<input type="radio"/> <input type="radio"/>
Diagnosis: _____		Resident Discharge Plan: _____	
		<b>SECTION D: PHYSICIAN VISITS/PLAN OF CARE</b>	
Diagnosis: _____		I will visit resident at least once every 30 days for the first 90 days after admission, then at least once every 60 days thereafter. I have reviewed this resident's plan of care and am in agreement with it.	
<b>ORDERS VERIFIED AND NOTED</b>		Physician Signature _____ Date _____ Time _____ <input type="radio"/> AM <input type="radio"/> PM	
at _____ <input type="radio"/> AM <input type="radio"/> PM    Date _____		Nurse Signature/Title _____	
Admission Date _____		Date of Birth _____	
<input type="checkbox"/> <b>GENERIC EQUIVALENTS MAY BE USED</b>		<b>SECTION C: ALLERGIES</b> <input type="checkbox"/> No Known Allergies	
<b>SECTION B: ADDITIONAL DIAGNOSES</b>		Food _____	
		Drugs _____	
		Environmental _____	
		Other _____	
<b>WHITE–To Physician for Signature</b>		<b>YELLOW–Temporary Chart Copy</b>	
<b>PINK–Pharmacy Copy</b>		<b>GREEN–Medication Adm. Record</b>	
NAME–Last	First	Middle	Attending Physician
			Record No.
			Room/Bed

**NURSES MEDICATION NOTES ON BACK** **BRIGGS** Healthcare® **ADMISSION ORDERS**  
**MEDICATION ADMINISTRATION RECORD**

