Hospitalize As:     ☐ Outpatient/Observation     ☐ Outpatient–Extended Care

Care of Dr. ________________________________

Diagnosis: ____________________________________________________________

Code Status:     ☐ Full Code     ☐ DNR     ☐ Limitation of Treatment ________________________________

All "pre−checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.

Diet: ________________________________

Patient Care Orders

☑ Keep padded bedrails up at all times
☑ Out of bed with assistance to bathroom and bed to chair
☑ If no continuous video monitoring, check patient q 2 hours
☑ Assembled suction and oxygen equipment at bedside
☑ Call provider for one generalized tonic clonic seizure or more than 2 focal dyscognitive (complex partial) seizures in a 24 hr period
☑ Call "Rapid Response Team − Outpatient" for one generalized tonic clonic seizure lasting more than five minutes.
☐ May be discharged when EEG finished and Logicare discharge order form is signed by physician

Saline Lock

☐ Place IV Saline Lock. Administer anesthetic (for IV starts) per policy PC−27
☐ Sodium Cl 0.9% Flush Syringe (N/S) 2.5 ml IV PRN
☐ Sodium Cl 0.9% Flush Syringe (N/S) 2.5 ml IV Q12H

Print the following orders if indicated for the patient:

6011−03MR − DVT Prophylaxis
6024−05MR − Telemetry
7130−45MR − Glycemic Protocol
6171−35MR − Nicotine Replacement Therapy

_________________________________     ________________________________
PHYSICIAN SIGNATURE     DATE / TIME