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**