

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**ED Bed Placement/Admission Status**

**Version 3 Approved 12/01/16**

**Admitting Provider** \_\_\_\_\_

**Attending Provider/Other Than Admitting** \_\_\_\_\_

**Patient Placement**

***Patient Status***

If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.

- Observation  
Diagnosis \_\_\_\_\_
- In-Patient  
Diagnosis \_\_\_\_\_

***Preferred Location/Unit***

- Behavioral Health
- ICU
- PCVU
- General Medical
  - Med Safe
- Surgical
- OB
- Oncology
- Ortho/Neuro
- Pediatrics

***Miscellaneous***

- Admitting unit to notify attending provider when patient arrives to unit for admission orders.

**Nurse Signature** \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_