

(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.
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Rehabilitation Unit Admission Orders

Version 7 [6/5/2019]

Patient Placement

- Admit to Inpatient Rehabilitation Unit
- Diagnosis: _____

Code Status:

- Full Code
- DNR
- Limited DNR Status
 - No intubation, mechanical ventilation
 - No chest compressions
 - No emergency medications or fluid
 - No defibrillation, cardioversion

Activity

- Activity Per Unit Standard
- Out Of Bed with Assistance
- Patient Positioning Turning
- Weight Bearing Restrictions: Duration _____
 - Non-Weight Bearing
 - Toe Touch
 - Partial
 - As Tolerated
 - Full

Vital Signs

- Vital signs per unit standard
- Vital signs orthostatic Daily

Nursing Orders

- Weight Once on Admit
- Daily Weight
- Weekly Weight
- Advance Diet as Tolerated: Goal Diet:
 - Clear Liquid
 - Controlled Carbohydrate
 - Full Liquid
 - Heart Healthy
 - Regular
- Advance Diet as indicated per Speech Pathology
- Advance Diet as indicated per Clinical Nutrition Recommendations
- Encourage Fluids
- Intake and Output Per Unit Standard
- Bladder Volume Index [BVI] X3 Post Void
- Point of Care Capillary Blood Glucose AC and HS
- Administer Pain Medication 30 Minutes Prior to Scheduled Therapy
- Baseline Admission Measurements of Bilateral Thigh and Calf Circumference
- Initiate MRSA/MSSA Protocol
- Initiate REHAB Urinary Catheter Protocol
- Initiate REHAB Areflexive Bowel Protocol
- Initiate REHAB Reflexive Bowel Protocol
- Initiate REHAB Constipation Protocol
- Pulse Ox Intermittent, Daily

Initials _____

(place patient label here)

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Respiratory

- O2 Delivery RN/RT to Determine: Titrate to keep O2 sat greater than 90%
- Pulse Ox Rest and Exercise
- DC Oxygen therapy IF oxygen Sat is > / = _____ On Room Air
- CPAP (Continuous Positive Airway Pressure) Settings: _____, May Use Home Equipment and Settings

Diet

- Regular Diet
- Heart Healthy Diet
- Controlled Carbohydrate Diet
- Full Liquid Diet
- NPO

Laboratory

CBC/AUTO DIFF

- Stat
- Routine
- MORNING DRAW

BASIC METABOLIC PANEL

- Stat
- Routine
- MORNING DRAW

UA W/MICROSCOPY, CULT IF INDIC

- Routine

PT (PROTIME AND INR)

- Routine
- MORNING DRAW

Consult Provider

- Provider to provider notification preferred.
- Consult Hospitalist: Reason for consult: _____
- Consult Clinical Psychologist: Reason for consult: _____

Consult Department

- Consult Transition Plan / Care Coordinator: Reason for consult: _____
- Consult Dietician: Reason for consult: _____
- Consult Wound Care: Reason for consult: _____
- PT Physical Therapy Eval & Treat Routine
- REHAB PT Physical Therapy Initiate Family Training – schedule on Admit
- OT Occupational Therapy Eval & Treat Routine
- REHAB OT Physical Therapy Initiate Family Training – schedule on Admit
- OT Therapeutic Recreation Routine
- REHAB Community Re-entry when appropriate
- REHAB Leisure Education and Skills Training
- REHAB Cognitive Retraining Through Leisure Participation
- ST Speech Therapy Eval & Treat Routine
- REHAB ST Speech Therapy Initiate Family Training – schedule on Admit

Provider Signature: _____ Date: _____ Time: _____