



ADULT ADMISSION PAIN ACTIVITY DIET
PREPRINTED ORDERS
 Form No. 113-3355 (09/08)
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Height:	Weight:	PHYSICIANS ORDERS ADULT ADMISSION PAIN ACTIVITY DIET
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Call UHATS Admission Pager (655-8631) when patient arrives to nursing unit

Admission

- Admission Unit: _____
- Inpatient (Full Admit)
- Observation
- Admitting Physician: _____

Vital Signs

- Vital Signs every 4 hours
- Vital Signs every 8 hours
- Vital Signs _____

Pain Medications

- Review Medication Allergies Prior to Administering the following medications – notify physician if allergic
- Acetaminophen (TYLENOL) 650 milligrams orally or rectally every 4 hours as needed for mild pain or fever (Temperature greater than or equal to 100.5)
- Hydrocodone - acetaminophen 5 - 500mg tab (VICODIN) 1 tablet every 4 hours as needed for moderate pain
- Other _____

Activity

- Bed Rest
- Bed Rest with Bedside Commode
- Bathroom Privileges with without assistance
- Ambulate in hallway with without assistance times daily (Patients requiring oxygen should be ambulated with portable O2)

Diet

- NPO
- NPO, Except Medications
- Regular
- Cardiac Prudent (300 mg Cholesterol, 3-4 gm Sodium restrictions)
- Consistent carbohydrate diet: low medium high very high calorie
 - Snack Twice a day Three times a day
- Renal - Sodium (2000 mg), Potassium (2000 mg), Low Phosphorus (limit dairy products)
- Liquid, Clear
- Advance as tolerated to: _____
- Other: _____

Physician Signature:	Dictation #:
Date/Time:	