

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS ROUTINE CIRU ADMITTING ORDERS	CHECK OFF/ INITIALS
1. Admit to Comprehensive Inpatient Rehabilitation Unit	
2. Diagnosis: Gait and ADL impairment secondary to _____ _____ _____	
3. Physical Therapy to see	
4. Occupational Therapy to see	
5. Speech to see	
6. Diet: Continue as on transfer record or diet at home _____ _____	
7. Code status as on transfer record	
8. Remove Foley catheter, if applicable; intermittent catheterization as needed	
9. U/A, urine C&S after Foley removed, if applicable	
10. Vital signs every shift x 72 hours, then daily unless out of WNL range, include blood pressure lying/standing on admission	
11. If CVA, keep patient's head of bed to 30 degrees	
12. Lytes if on diuretic (and if not done within past two weeks)	
13. CBC	
14. Protime every Monday and Thursday if on Warfarin (Coumadin®). Hold Warfarin (Coumadin®) if INR 3 or greater; notify physician if INR 4 or greater	
15. Medications: Verify medications with Med Reconciliation Physician Discharge/Transfer Orders, transfer information from transferring facility and/or patient's home medication list.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy