

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

DOCTORS ORDERS ROUTINE CIRU ADMITTING ORDERS – DR. FIGUEROA	CHECK OFF/ INITIALS
1. Admit to CIRU.	
2. Diagnosis: Gait and ADL impairment secondary to _____ _____.	
3. PT to see	
4. OT 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. In and out catheterizations, as needed.	
9. U/A, urine C&S after Foley removed, if applicable.	
10. Vital Signs every shift times 72 hours, then daily unless not Within Normal Limit range, include Blood Pressure lying/standing on admission.	
11. If CVA, keep patient head of bed to 30 °	
12. Lytes if on diuretic (and if not done within past two weeks).	
13. CBC	
14. Protime daily if on Warfarin (Coumadin®). Hold Warfarin (Coumadin®) if INR 2 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.	
16. Oxycodone 5 mg./Acetaminophen 325 mg (Percocet®) 1-2 tablets by mouth every 4 hours as needed for pain.	

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