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

DOCTORS ORDERS **HOSPICE: GENERAL INPATIENT ADMISSION**	**CHECK OFF/ INITIALS**
1. Diet as tolerated	
2. Activity as tolerated	
3. Vital signs every _____	
4. Oxygen at 2L / Nasal Cannula as needed	
5. Foley catheter as needed; may irrigate as needed	
6. Oral/pharyngeal suction as needed	
7. Continue Hospice plan of care, unless specified otherwise	
8. Notify Hospice social worker regarding discharge planning	
9. All diagnostic studies, consults, procedures, to be authorized by Hospice with the following exceptions: CBC, Chem. Panel, routine U/A, and CXR (PA & Lat)	
10. Do not resuscitate if indicated in Hospice plan of care	
11. Notify Home Hospice of acute change in condition or impending death	
12. Contact attending physician for further orders and to verify home medications.	

Physician/Date/Time:	**Nurse/Date/Time:**	**Secretary/Date/Time:**
_____	_____	_____

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**