WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

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

DOCTORS ORDERS **STANDING ORDERS FOR RESPITE CARE** **HOSPICE WMHS**	**CHECK OFF/ INITIALS**
1. Admit for Respite Care.	
2. DNR (Do Not Resuscitate) status as indicated on Hospice Plan of Care.	
3. No diagnostic studies (i.e., labs, X-rays) unless authorized by Hospice.	
4. Vital signs daily.	
5. Diet as tolerated.	
6. Activity as tolerated.	
7. Notify Home Hospice of acute change in condition or impending death.	
8. Nursing Assessment every shift, including falls and pain assessment.	
9. Continue home medications as listed using patient's own meds:	

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**