

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

<b>DOCTORS ORDERS  ADMISSION ORDERS – BEHAVIORAL HEALTH UNIT</b>	<b>CHECK OFF/  INITIALS</b>	
Admit to BHU to the services of: _____		
Diagnosis:		
Admission Status:		
Diet:		
Vital Signs:		
Activity Level:		
Observation:		
No Special Privileges		
To participate in Activity Program		
Labs: <input type="checkbox"/> CMP and CBC if not drawn in the past month <input type="checkbox"/> Sed. Rate, Magnesium, RPR, Free T4, TSH, Fasting Blood Glucose <input type="checkbox"/> Lipids, Liver Profile if not drawn in the past 6 months <input type="checkbox"/> Valpro Acid Level if taking Valproic Acid (Depakote ®) <input type="checkbox"/> Lithium Level if taking Lithium <input type="checkbox"/> CARB (Carbamazepine) Level if taking Carbamazepine (Tegretol®) (Omit any labs done in the Emergency Department)		
Routine urinalysis, Urine for toxicology screen		
HCG for women of child bearing age.		
Weight upon admission and once a week.		
EKG if taking: <ul style="list-style-type: none"> <li>• Ziprasidone (Geodon ®) with history of CHF, Arrhythmias, Syncope or family history of sudden death at early age &lt; 40 years old.</li> <li>• Thioridazine (Mellaril®)</li> <li>• Mesoridazine (Serentil®)</li> <li>• Pimozide (Orap®)</li> </ul>		
Abnormal Involuntary Movement Scale(AIMS) to be administered by nurse upon admission.		
Preliminary Discharge Plan:		
Estimated Length of Stay: 3-5 days		
Short Term Goal:		
Long Term Goal:		
<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>

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

