Do NOT Use Abbreviations
Write Clearly

ADMIT STATUS
 # 701 **Revised 07/2017**

Instructions: All orders are to be implemented unless crossed through by the ordering provider.
Exception: Orders with ❑ must be checked to be implemented.
Any changes to the order set must be initialed by the ordering provider, e.g. deletions or additions

Expect patient to be here equal to or greater than two midnights: ❑ Yes ❑ No
May need to complete Medicare Order Form if expected stay less than two midnights

Patient Status: ❑ Admit to Inpatient ❑ Place in Outpatient ❑ OP begin Observation
Diagnosis: _____
Unit Type: ❑ Critical Care ❑ Intermediate ❑ Ortho ❑ Stroke ❑ Trauma
❑ General ❑ Obstetrics ❑ Pediatrics ❑ Surgery
❑ Gynecology ❑ Oncology ❑ PICU ❑ Telemetry

Unit Preferred: _____
Inpatient CPT Code Present: _____

Attending/Admitting Physician: _____
Service/Group to be admitted to: _____

ED Patients ONLY

Pneumonia: ☐ Yes ☐ No **Heart Failure:** ☐ Yes ☐ No
Asthma: ☐ Yes ☐ No **Focal Neuro Deficit** *(TIA,CVA,Bleed)*: ☐ Yes ☐ No
Sepsis: ☐ Yes ☐ No → **If yes:** ☐ Severe Sepsis *Or* ☐ Septic Shock
Chest Discomfort *(STEMI,AMI,ACS)*: ☐ Yes ☐ No → **If yes:** ☐ Active *Or* ☐ Resolved
Special Precautions: ☐ Airborne (TB,Chknpox,et) ☐ Contact (MRSA,C-Diff,et) ☐ Droplet (Mumps,Influ,et)
Specialty Bed: ☐ Bariatric ☐ Clinitron ☐ Low Air Loss/Low Pressure

NURSING ORDERS may be initiated by RN after assessing patient condition
I certify that the patient status is appropriate and is based on my best clinical judgement and the patient's condition as documented in the medical record

TORB_____ ___/___/___ _____
RN Signature Date Time

_____ _____ ___/___/___ _____
ED Physician/Resident Physician Provider # Date Time

_____ _____ ___/___/___ _____
Physician Signature (Signature Level Provider) Physician Provider # Date Time

WESLEY Medical Center

POS

Patient Identification