Physician Orders - Direct Admit

Do Not Use Abbreviations: U (for unit), IU for international unit), Q.D., Q.O.D., Trailing Zero (X.O mg) MS, MSO4 MgSO4

Please use Admit Order Form for Admit Order

Admit to the service of: **Physician Phone:**

☒ Initiate Tobacco Replacement Protocol if smoker

Patient Name: ______________________ Admit Date: __________

Sex: ☐ Male ☐ Female Date of Birth: ________ Physician Phone: ______________

Admitting Diagnosis: ______________________

Present Signs & Symptoms: ______________________

Comorbid Conditions / Pertinent Past Medical History:

Vital Signs: Blood Pressure: _______ Pulse: _________ Respiratory Rate: _______ Temperature: _______ Oxygen Saturation: ______

Weight: _________ Height: _________

PHYSICIAN ORDERS

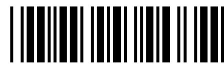
1. **Diet:** ☐ Regular ☐ Cardiac ☐ Nothing by mouth ☐ Renal ☐ ADA ☐ Clear Liquid ☐ Other: ______________
2. **Vital Signs:** ☐ Routine ☐ Other: ______________
3. **Activity:** ☐ Bed Rest (BR) ☐ Out of Bed ad lib ☐ Out of bed with bath room privileges ☐ Other: ______________
4. **Respiratory Therapy:** ______________
   Route: ☐ Nasal Cannula ☐ Venti Mask ☐ ABG on Room Air ☐ Nebulizer/Aerosol Treatments
5. **I.V. Fluids:** ______________
6. **Lab Testing:** ☐ CBC ☐ CBC with Diff Lipids ☐ LFTS ☐ Chem A ☐ PTT ☐ PT/INR ☐ T,3,T4 TSH ☐ UA ☐ Chem B ☐ Type & Screen ☐ H&H Blood Cultures ☐ ESR ☐ ACP ________ ☐ C+S __________ ☐ Other: ______________
7. **X-Ray / Diagnostic Procedures:**
   ☐ EKG ______________ ☐ MRI _______ ☐ with contrast ☐ without contrast
   ☐ Chest X-Ray _________ ☐ US ______________
   ☐ CT ______________ ☐ with contrast ☐ without contrast ☐ Echo _______
   Other: ______________
8. **Medications** (drug, dose, route, frequency):
   ____
9. **Consults/Reason:**
   ____
10. **Additional Orders:**
   ____

I CERTIFY BY MY SIGNATURE THAT THE ORDERED LEVEL OF CARE IS BASED ON MEDICAL NECESSITY AS DOCUMENTED WITHIN THIS MEDICAL RECORD (42CFR SECTION 456.60 CERTIFICATION/RECERTIFICATION)

Physician's Signature: ______________________ **Date:**_______ **Time:**_______

HCA Florida
JFK Hospital

5301 South Congress Avenue, Atlantis, FL
PHYSICIAN ORDERS-DIRECT ADMIT



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Patient Identification/Label