Admission Orders

Resident:		Age:	DOB:	Expected Date of	of Admission:
GENERAL ORDERS				Comm	ents/Instructions
Resident is capable of self-ad	tions?	☐ yes☐ no			
Resident is permitted to cons		☐ yes ☐ no			
Resident's current medication	? If yes, list.	☐ yes			
DNR Status					
ROUTINE MEDICATIONS					
Medication	Medication Strength/Dose/Route/Frequency				
PRN MEDICATIONS	witial mant to the a	4-4-m	ot le oot al oo on		
	nitial next to the s rmine and clearly con				
medication.	•				•
	etermine his/her own e his/her symptoms in				
	etermine his/her need symptoms indicating a				edication and cannot act physician before each
Medication	Strength/Dose/F	Route/Frequ	ency Sym	ptom/Reason	Max Dose in 24°

ADDITIONAL/PRN ORDERS Please line out any orders that you do not approve of.					
Instructions (please complete if blank)					
PPD Skin Test	Upon Admission, and annually thereafter				
Influenza vaccination	Annually				
Pneumococcal vaccine					
Tylenol, 325 mg	po 2 tabs every 4 hours prn for fever over 100 degrees				
Tylenol, 325 mg	o 2 tabs every 4 hours prn for pain				
Imodium AD, 2 mg	po for diarrhea, 2 caps initially, then 1 cap after each loose stool until diarrhea is controlled.				
Mylanta	30 cc po every 4 hours prn for stomach upset, notify MD if persists over 48 hours				
Milk of Magnesia	30 cc po every day prn for constipation				
Dulcolax, 10 mg	1 rectally for constipation not relieved within 24 hours after milk of magnesia given				
Minor cuts/abrasions	1) Clean with shur-clens (or soap and warm water), pat dry, 2) apply antibiotic ointment, 3) cover with band-aid dressing, 4) change daily as needed, 5) observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature. 6) If resident experiences any of these symptoms notify MD. 7) Discontinue when healed.				
Minor skin tears	1) Wash with shur-clens (or soap and warm water). 2) Apply non-stick dressing and steri-strips, change as needed. 3) Allow steri-strips to remain in place until they fall off. 4) Observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature. 6) If resident experiences any of these symptoms notify MD. 7) Discontinue when healed.				

If you approved of the above orders for the resident named, please sign below. If you do not approve of any of the orders, please line out the order. These orders will be in effect until such time as they are discontinued by yourself or another authorized prescriber. Thank you for your time and cooperation.

Signature/title:	Date:
Please print name:	