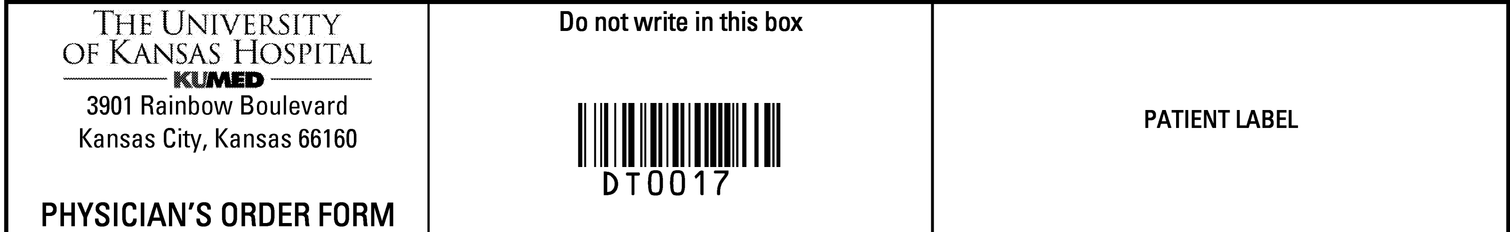

THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS ADULT PSYCHIATRY ADMISSION ORDERS
		Reference:
		Allergies:_____________________________ **Weight in kg:**_______________
		Attending Name:________________________________ **Pager:**________________ **Resident Name:**_________________________________ **Pager:**________________
	1.	**Admission Diagnosis(s):** ____
	2.	**Legal Status:** ☐ Voluntary ☐ Involuntary ☐ Guardianship:____________
	3.	**Observation Status:** ☐ Routine; every 30 min ☐ Every 15 min while awake, then every 30 min ☐ Every 15 min ☐ Constant observation ☐ Other: ______________
	4.	☐ **Occupational Therapy**: ☐ **Recreational Therapy**:
	5.	**Diet:** ☐ Regular, ☐ ADA 1500, ☐ ADA 2000 ☐ ADA 2500 ☐ Low Na, ☐ Cardiac (AHA), ☐ Low Tyramine (for patients on MAO inhibitors), ☐ Other _____________
	6.	**Admit Labs:** ☐ CBC with Diff ☐ Comprehensive Metabolic Panel ☐ Free T4 ☐TSH ☐ RPR ☐ HgbA1C ☐ Fasting Lipid Panel ☐ UA **Now**: ☐ UDS (Drug Screen) **Now**: ☐ Urine HCG (Women with childbearing potential): First void of day ☐ Other labs: ____
	7.	**Chest X-Ray**: ☐ yes ☐ no Indication if yes:______________________________________ **ECG**: ☐ yes ☐ Now or ☐ Routine (recommended if greater than 40 years of age) ☐ no
	8.	**Vital Signs**: ☐ Routine, (every shift x one day then daily) ☐ Q8H, ☐ BID, ☐ Other___________________
	9.	**Nicotine Replacement**: ☐ yes ☐ no If yes, see smoking cessation order set
	10.	**Finger stick blood sugar**: ☐ Before every meal ☐At hour of sleep Other: _________________
	11.	**Medications:**

Physician Signature: ____________________________________ Pager: ____________

ADULT PSYCHIATRY ADMISSION ORDERS **(Page 1 of 1)**