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 CHILD / ADOLESCENT PSYCHIATRY ADMIT ORDERS
		Reference:
		Allergies:_____ **Weight in kg:**_____ **Attending Name:**_____ **Pager:**_____ **Resident Name:**_____ **Pager:**_____
	1.	**Admission Diagnosis(s):**
	2.	**Legal Status:** Guardianship ☐ parent ☐ Social and Rehabilitation Services/Division of Family Services/Juvenile Justice Authority ☐ Other _____
	3.	**Observation Status:** ☐ Special observation: every 15 min while awake; every 30 min while asleep ☐ Constant observation while awake ☐ Constant observation ☐ Other: _____
	4.	• Occupational Therapy • Recreational Therapy
	5.	**Diet:** ☐ _____calories ADA ☐low fat/low cholesterol ☐regular ☐ lactose-free ☐ vegetarian ☐ other _____
	6.	**Admit Labs:** ☐ Comprehensive Metabolic Panel ☐ CBC with Diff ☐ Free T4 ☐ TSH ☐ RPR ☐ Urine Drug Screen **NOW** ☐ UA **NOW** ☐ Urine HCG if female of child-bearing age First void of day ☐ Fasting lipid profile ☐lead level if < 11 years of age **Therapeutic drug levels:** ☐depakote ☐lithium ☐amitriptyline ☐tegretol ☐Other labs:_____
	7.	**ECG:** ☐ yes ☐ Now or ☐ Routine ☐ no
	8.	**Vital signs:** ☐BID x one day then every day ☐other frequency_____

Physician Signature: _____ Pager: _____

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