



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS DISCHARGE ORDERS (FOR COMPUTER DOWNTIME ONLY)
	*	<p>•Diet Instructions</p> <p>Diet Type: _____</p> <p>Tube Feed: _____ mL of _____ type/frequency</p>
	*	<p>Limit Fluids to _____ /day Weigh every _____ day(s)</p> <p>Call if weight increases by _____ lbs. in 1 day or _____ lbs. over 3-5 days</p> <p>Additional diet instructions: _____</p>
	*	<p>•Respiratory Therapy Instructions</p> <p>Schedule: <input type="checkbox"/> PRN <input type="checkbox"/> At night only <input type="checkbox"/> Continuous</p> <p>Home oxygen _____ Liter/min per _____ (device type)</p> <p>Breathing treatments – See Medications</p> <p>Incentive Spirometry:</p> <p>Equipment: <input type="checkbox"/> Bipap <input type="checkbox"/> Nasal <input type="checkbox"/> CPAP <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> Other: _____</p> <p>Settings: _____</p>
	*	<p>Smoking Cessation: <input type="checkbox"/> Not applicable/Non-smoker</p> <p><input type="checkbox"/> Patient with history of smoking in last year, provide information If not, why: _____</p>
	*	<p>•Activity Instructions</p> <p><input type="checkbox"/> No driving for _____ days</p> <p><input type="checkbox"/> May return to work/school in _____ weeks</p> <p><input type="checkbox"/> May resume normal activity in _____ weeks</p> <p><input type="checkbox"/> May resume strenuous activity in _____ weeks</p> <p><input type="checkbox"/> May resume sexual activity in _____ weeks</p> <p><input type="checkbox"/> No lifting over _____ lbs. for _____ days</p> <p><input type="checkbox"/> No restrictions</p> <p><input type="checkbox"/> Other Instructions: _____</p>
	*	<p>•Wound/Incision/IV Line Care</p> <p><input type="checkbox"/> Central Line Care:</p> <p><input type="checkbox"/> Wound Care:</p> <p><input type="checkbox"/> Dressing Changes:</p> <p><input type="checkbox"/> Bathing Instructions</p> <p><input type="checkbox"/> Suture/Staple removal in _____ days by _____ Primary Care Physician/KU Physician</p>

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