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Beaufort Memorial HOSPITAL

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STAT

Physician Admit Orders

Admit Status: Inpatient Observation

Admit Date: _____

Diagnosis: _____

Directions: All blanks must be filled in for this to be a valid order. Only boxes that are checked will be executed. Statements with no blanks or boxes are considered valid orders and will be executed.

Patient Name: _____

DOB: _____

Weight: _____

Height: _____

Service of Dr. _____

Admit To: ICU PCU Medical Telemetry Monitor
When Transporting patient: May transport without Telemetry Transport with Telemetry

Condition: Stable Guarded Critical

Vital Signs: _____

Activities: _____

Diet: _____

IVF: _____

Nursing: _____

Labs: CBC with auto diff
 P7
 MP
 ABG
 Other Lab Orders: _____

Radiological Studies: _____

Respiratory Care: _____

Medications:
 _____ _____
 _____ _____
 _____ _____

PRN Orders: _____

MD Signature

Date / Time

Unapproved Abbreviations:

U IU Trailing zero (X.0) Lack of Leading Zero (.Xmg) MS MgSO4 MSO4 QD qd Q.D. q.d. QOD qod Q.O.D. q.o.d.

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