

TRANSFER MEDICATION ORDERS	
May use generic equivalent to Rx if available — Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medication / Dose / Route / Frequency	
<b>1</b>	
Diagnosis:	
<b>2</b>	
Diagnosis:	
<b>3</b>	
Diagnosis:	
<b>4</b>	
Diagnosis:	
<b>5</b>	
Diagnosis:	
<b>6</b>	
Diagnosis:	
<b>7</b>	
Diagnosis:	
<b>8</b>	
Diagnosis:	
<b>9</b>	
Diagnosis:	
<b>10</b>	
Diagnosis:	
<b>11</b>	
Diagnosis:	
<b>12</b>	
Diagnosis:	
<b>13</b>	
Diagnosis:	
<b>14</b>	
Diagnosis:	
<b>15</b>	
Diagnosis:	

CONTINUING CARE ORDERS																			
1) Admission Diagnosis:	_____																		
2) Resident was informed of Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
3) Allergies: Rx: _____	Food: _____																		
4) <input type="checkbox"/> Patient shows no clinical evidence of active pulmonary TB	Shown by CXR dated: _____ OR PPD dated _____																		
5) Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> Do Not Resuscitate																			
6)	<table border="1"> <thead> <tr> <th colspan="2">Diet Type</th> <th>Texture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> ↓ Fat ↓ Chol</td> <td><input type="checkbox"/> Regular</td> </tr> <tr> <td><input type="checkbox"/> CCHO</td> <td><input type="checkbox"/> Cardiac (NAS, ↓ Fat)</td> <td><input type="checkbox"/> Mech Soft</td> </tr> <tr> <td><input type="checkbox"/> NAS</td> <td><input type="checkbox"/> Kcal ADA _____</td> <td><input type="checkbox"/> Puree</td> </tr> <tr> <td><input type="checkbox"/> Liberal/House Renal</td> <td><input type="checkbox"/> 2gm NA</td> <td><input type="checkbox"/> Liquid</td> </tr> <tr> <td><input type="checkbox"/> Tube Feeding: _____</td> <td></td> <td></td> </tr> </tbody> </table>	Diet Type		Texture	<input type="checkbox"/> Regular	<input type="checkbox"/> ↓ Fat ↓ Chol	<input type="checkbox"/> Regular	<input type="checkbox"/> CCHO	<input type="checkbox"/> Cardiac (NAS, ↓ Fat)	<input type="checkbox"/> Mech Soft	<input type="checkbox"/> NAS	<input type="checkbox"/> Kcal ADA _____	<input type="checkbox"/> Puree	<input type="checkbox"/> Liberal/House Renal	<input type="checkbox"/> 2gm NA	<input type="checkbox"/> Liquid	<input type="checkbox"/> Tube Feeding: _____		
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7) Therapy Evaluation & Treatment	<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST																		
8) Discharge Potential	_____																		
9) Annual TB testing to be done by	<input type="checkbox"/> PPD <input type="checkbox"/> CXR																		
10) Resident may go out on pass w/Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
11) Resident may have annual influenza vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
12) Resident may have routine pneumovac	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
13) Schedule activities as tolerated	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
14) Skin/Wound Care	_____																		
15) Lab Orders	_____																		
16) Foley Catheter Orders	Folly Cath Supporting Diagnosis: _____ <input type="checkbox"/> Indwelling catheter to straight drainage: Size: _____ Balloon: _____ <input type="checkbox"/> May change PRN for blockage or obstruction, but no more often than once per month unless MD is notified <input type="checkbox"/> May attach catheter to leg bag when out of bed. Change leg bag twice per month. <input type="checkbox"/> Routine Catheter Care Per facility protocol																		
17) IV / PICC CARE ORDERS	<input type="checkbox"/> Change and Care per facility protocol																		
18) OXYGEN: _____ liters/hour	Type _____																		
19) OTHER ORDERS/FOLLOW UP APPOINTMENTS:	_____																		
	_____																		
	_____																		
	_____																		

PATIENT INFORMATION	
Name:	_____
DOB:	_____ PCP: _____

_____	_____
Physician Signature	Date
_____	_____
Nurse Signature (Noted By)	Date



## **All narcotics must have hard copy scripts**

**If we do not get C2 scripts for the narcotics ordered the pharmacy will not fill the order.**

**Note: Please do not write “range orders” for any medication . . . We ask that you write i.e. Percocet 5/25  
1 tab PO Q6 PRN for Pain level 1-5, :  
2 tabs PO Q6 PRN for Pain level 6-10**