

# Admission Orders (California)

<b>Resident:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Expected Date of Admission:</b>
<b>GENERAL ORDERS</b>			<b>Comments/Instructions</b>
Resident is capable of self-administering medications?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Resident is permitted to consume alcohol?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Resident's current medications require crushing? If yes, list.	<input type="checkbox"/> yes <input type="checkbox"/> no		
DNR Status			

<b>ROUTINE MEDICATIONS</b>			
Medication/Strength	Dose/Route/Frequency	Qty	# Refills

<b>PRN MEDICATIONS</b>	
Please initial next to the statement that best describes this resident:	

Medication/Strength	Dose/Route/Frequency	Symptom/Reason	Max Dose in 24 <sup>°</sup>	Qty	# Refills

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name (prescriber): \_\_\_\_\_ DEA #: \_\_\_\_\_

Resident Name: \_\_\_\_\_

**STANDING ORDERS**

The following are standing orders that we would like to institute for your patient. Please line out any orders that you do not approve of for your patient.

**Instructions (please complete if blank)**

Influenza Vaccine	Annually
Pneumococcal Vaccine	
Tylenol, 325mg	PO 2 tabs Q4 hours PRN for fever over 100 degrees, not to exceed 6 doses in a 24 hr period
Tylenol, 325 mg	PO 2 tabs Q4 hours PRN for pain, not to exceed 6 doses in a 24 hr period
Imodium AD, 2mg	PO 2 caps initially, then 1 cap after each loose stool for diarrhea, until it is controlled, not to exceed more than 4 caplets in 24 hours
Milk of Magnesia	PO 2 tablespoons (30ml/cc), BID (2x per day) PRN for constipation, not to exceed 4 tablespoons (60ml/cc) in 24 hours. Encourage full glass (8oz) of liquid with each dose.
Mylanta (Regular Strength)	PO 4 teaspoons (20ml/cc) every 4 hours PRN for stomach upset, not to exceed 24 teaspoons (120ml/cc) in 24 hours. Notify MD if persists over 48 hours
Minor cuts/abrasions	1) Clean with Shur-Clens (or soap and warm water), pat dry; 2) apply antibiotic ointment; 3) cover with a band-aid dressing; 4) change daily, as needed; 5) observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature; 6) Notify MD immediately, if infection occurs; and 7) discontinue when healed
Minor Skin Tears	1) Wash with Shur-Clens (or soap and warm water); 2) Apply non-stick dressing and steri-strips, change as needed; 3) allow steri-strips to remain in place until they fall off; 4) observe daily for signs & symptoms of infection: increased redness, swelling, pain, drainage or temperature; 6) Notify MD immediately if infection occurs; 7) Discontinue when healed.

If you approved of the above orders for the resident named, please sign below. If you do not approve of any of the orders, please line out the order. These orders will be in effect until such time as they are discontinued by yourself or another authorized prescriber. Thank you for your time and cooperation.

Please print name (prescriber):	Date:
Signature/Title:	
DEA #:	