

Hospital Admission Orders (Template)

DATE:

PATIENT NAME: Joe Smith

DOB: 1/1/2020

SEX: Male

A-ADMIT:

- **Admitting Doctor:**
- **Referring Physician:**
- **Special needs:**

D-DIAGNOSIS:

- **Primary diagnosis:**
- **Secondary diagnosis:**
- **Functional status:**

D-DISCHARGE PLANNING:

- **Define Goals:**
- **Discharge Criteria:**

C-CONDITION & CODE STATUS:

- **Condition:**
- **Code status:**
 - Patient able to make full decisions

V-VITAL SIGNS:

- **Frequency:**

A-ALLERGIES

N-NURSING ORDERS:

- Palliative care:
- Pressure ulcer prevention:
- Topical cream applications:

D-DIET ORDERS

- **Diet:**
- **NPO:**

A-ACTIVITY LEVEL

- avoid bed rest, always maximize activity
- orders for: up in chair
- ambulation orders for nursing and if necessary consult PT

L-LABS:

I-IV FLUIDS:

S-SPECIAL ORDERS:

M-MEDICATIONS:

As noted in chart:

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x _____

1/1/2050