


University of Cincinnati Hospital

Day 0 Orders – Page 1 of 5

	UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET
"ORDCHK"	All applicable orders have been checked. ORDERS NOT CHECKED ARE NOT TO BE FOLLOWED.
Orders are modified according to the medical condition of the patient. All orders are to be dated, timed and signed by a physician. Additional orders may be entered at the end of the order set. If the orders are transcribed in sessions, the transcriber must date, time, and initial in the section marked order noted. If the entire set of orders is transcribed at one time, make a single slash across the page and enter the date, time, and your initials.	
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ALLERGIES	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number	✓	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
		Acute Stroke Prescriptions/Clinical Pathway Day 0 (Admission)	(Date/Time)	(Initial)
1.		Admit to:		
2.		Allergies:		
3.		Attending MD:		
4.		Resident MD:		
5.		Service:		
6.		Diagnosis:		
7.		Activity:		
		_____ No lifting or pulling of shoulder on affected side		
8.		Dysphagia screening exam by RN (if abnormal: diet NPO and contact MD for Speech Pathology referral)		
9.		Diet:		
		_____ NPO		
		_____ Enteral tube feeding		
		_____ Regular diet (dysphagia screen is normal)		
		_____ Mechanical soft diet		
		_____ Cardiac diet		
		_____ Pureed diet		
		_____ Other:		

10.

____ Monitor Cardiac Rhythm (ICU/Stepdown/Telemetry Unit)

____ Continuous blood pressure monitoring (ICU/Stepdown/Telemetry Unit)

11.

____ Seizure precautions

____ Falls precautions

White-Chart Yellow-Pharmacy Pink-Floor Copy