


University of Cincinnati Hospital

Day 1 Orders – Page 1 of 3

 "ORDCHK"	UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET	
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.		PAGE <u>1</u> OF <u>3</u> UMC-44 Rev. 6/95

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 1	(Date/Time) (Initial)
1.		<input type="checkbox"/> Transfer to Attending Neurologist/Neurosurgeon: Physical Medicine & Rehabilitation consult: <input type="checkbox"/> Dysphagia screening assessment by RN <input type="checkbox"/> Speech Pathology Consult <input type="checkbox"/> Dysphagia screen is abnormal <input type="checkbox"/> Patient has severe dysarthria or aphasia <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Social Consultation <input type="checkbox"/> Drake Admitting Nurse <input type="checkbox"/> Nutrition/Dietitian <input type="checkbox"/> Caloric & dietary recommendations <input type="checkbox"/> Cardiac/stroke dietary recommendations by dietitian	
2.			
3.		Activity: <input type="checkbox"/> No lifting or pulling of shoulder on the affected side <input type="checkbox"/> Please use gait belt for transfers	

4.

<input type="checkbox"/> Posey restraint for fall prevention x 24 hours
<input type="checkbox"/> Range of motion exercise
Elimination:
<input type="checkbox"/> D/C Foley
<input type="checkbox"/> Straight cath PRN
<input type="checkbox"/> Start on bowel & bladder training
<input type="checkbox"/> Discontinue pulse oximetry of O2 sat > 95% for 6 hours
<input type="checkbox"/> Oxygen per nasal cannula <input type="text"/> liters

5.