


University of Cincinnati Hospital

Day 2 Orders – Page 1 of 4

	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 2	(Date/Time)	(Initial)
1.		Consider the following consultations if not check on Day 1 <input type="checkbox"/> 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"/> Rehabilitation referral <input type="checkbox"/> Home Health Care referral <input type="checkbox"/> Extended Care referral <input type="checkbox"/> Drake Admitting Nurse		
2.		Laboratory: <input type="checkbox"/> PT, APTT (if heparin or warfarin used) <input type="checkbox"/> No blood draws on the affected side		
3.		Activity:		

_____ Up in chair bid
_____ Shoulder subluxation precautions
_____ No lifting or pulling of shoulder on the affected side
_____ Please use gait belt for patient transfers

White-Chart Yellow-Pharmacy Pink-Floor Copy