


# University of Cincinnati Hospital

## Day 2 Orders – Page 2 of 4

	<b>UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET</b>
"ORDCHK"	All applicable orders have been checked. ORDERS <b>NOT CHECKED</b> 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> 2 </u> OF <u> 4 </u>	UMC-44 Rev. 6/95

<b>ALLERGIES</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number	✓	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
		<i>Acute Stroke Prescriptions/Clinical Pathway Day 2 Continued</i>	(Date/Time)	(Initial)
4.		Diet:		
		____ NPO		
		____ Enteral tube feeding		
		____ Regular diet (dysphagia screen is normal)		
		____ Mechanical soft diet		
		____ Cardiac diet		
		____ Pureed diet		
		____ Supraglottic diet		
		____ Other (please list): _____		
5.		Elimination:		
		____ D/C Foley		
		____ Straight cath PRN		
		____ Bowel & bladder training program		
		____ Intake and output		
6.		Medication discharge instructions by MD, RN and/or Pharmacist		
7.		Education:		
		____ Stroke educational video for patient & family		

_____ Diabetic teaching video for patient & family
_____ Review Clinical Pathway with patient and family
Vital signs q 4 hours
NIH scale qd

8.
9.

White-Chart   Yellow-Pharmacy   Pink-Floor Copy