

# University of Cincinnati Hospital

## Day 3 Orders – Page 1 of 3



### 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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UMC-44 Rev. 6/95

### ALLERGIES

None Known

Yes, Drug/Reaction: \_\_\_\_\_

Order Number



### PHYSICIAN PRESCRIPTIONS FOR STROKE

ORDER NOTED

#### Acute Stroke Prescriptions/Clinical Pathway Day 3

(Date/Time)

(Initial)

1.

\_\_\_\_ Discharge forms on chart for MD, RN & Therapies

2.

\_\_\_\_ Plan for discharge tomorrow to \_\_\_\_\_

\_\_\_\_ Discharge prescriptions written and placed on chart

\_\_\_\_ Discharge tomorrow by 11:00 a.m.

\_\_\_\_ Patient's discharge delayed due to \_\_\_\_\_

3.

Activity:

\_\_\_\_ Up in chair tid

\_\_\_\_ Shoulder subluxation precautions

\_\_\_\_ No lifting or pulling of shoulder on the affected side

\_\_\_\_ Please use gait belt for patient transfers

\_\_\_\_ Posey belt for fall prevention x 24 hours

4.

Diet:

\_\_\_\_ NPO

\_\_\_\_ Enteral tube feeding

\_\_\_\_ Regular diet (dysphagia screen is normal)

\_\_\_\_ Mechanical soft diet

5.

<input type="checkbox"/> Cardiac diet
<input type="checkbox"/> Pureed diet
<input type="checkbox"/> Other (please list): _____
Elimination:
<input type="checkbox"/> D/C Foley
<input type="checkbox"/> Straight cath PRN
<input type="checkbox"/> Bowel & bladder training program
<input type="checkbox"/> Intake and output

White-Chart   Yellow-Pharmacy   Pink-Floor Copy