

Check appropriate boxes  for this patient.

**ALLERGIES:**  NKA    Other: \_\_\_\_\_

**Attending Physician:** \_\_\_\_\_

**Consults:**

- Orthopedic Surgeon \_\_\_\_\_ notified \_\_\_\_\_ by \_\_\_\_\_  
 Pastoral Care  
 Social Work

**Diagnostic Admission Test:**

- Protime  
 CBC with Differential  
 CCP  
 Mini-cath UA (C&S if indicated)  
 Type & Screen  
 EKG  
 Chest X-Ray: assess for lung disease  
 Hip X-Ray: hip pain

**Diet:**

- NPO  
 Regular  
 ADA  
 Calories \_\_\_\_\_  
 Other \_\_\_\_\_

**I.V. Fluids:**

\_\_\_\_\_ @ \_\_\_\_\_ mls/hr.

**Medications: Pain and Nausea**

Drug Name and Strength	Route of Administration	Directions for Administration	Indications

**Activity:**

- Bedrest, turn to unaffected side PRN  
 **DVT Prophylaxis:**  
 Foot Pumps  
 SCD's  
 Indwelling catheter

Physician \_\_\_\_\_ Beeper Number \_\_\_\_\_ Time: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Verbal Order Verification    Nurse's Signature \_\_\_\_\_ Time: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Original: Patient Chart  
 Yellow Copy: Scan to Pharmacy, Patient's Nurse  
 CHH-1027

Patient Identification

Original: 2/2000  
 Revised: 9/2005, 1/2006, 7/2010