

Braswell's Colonial Care

Admit to Braswell's Colonial Care from _____ under the care of Dr. _____

Diet Type / Texture / Liquids / Nourishment: _____

Allergies: _____

Diagnosis: _____

Labs / X-Rays: _____

Activity: Ambulate As Tolerated Activity Restrictions _____

Code Status: Full Code No CPR No Tube Feeding No Hospitalization No IV's No Intubation Other _____

MEDICATIONS:

<i>Medication Name</i>	<i>Dose</i>	<i>Route</i>	<i>Freq</i>	<i>Duration</i>	<i>Reason/Diagnosis</i>
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
11. _____					
12. _____					
13. _____					
14. _____					
15. _____					

- | | |
|---|---|
| <input type="checkbox"/> Vital Signs Q shift X 72 hrs, then as ordered | <input type="checkbox"/> Intake & Output Q shift X 7 days, the as ordered |
| <input type="checkbox"/> Offer Influenza Vaccine when available (Oct-March) | <input type="checkbox"/> Offer Pneumococcal Vaccine Upon First Admission |
| <input type="checkbox"/> Tuberculosis Screening Per Facility Protocol | <input type="checkbox"/> Weigh weekly X 4 weeks, then monthly or as ordered |

Skin: Treatments: _____

- | | |
|--|--|
| <input type="checkbox"/> Physical Therapy Evaluation and Tx. | <input type="checkbox"/> Podiatry Consultation and Tx Q 2 Months / PRN |
| <input type="checkbox"/> Occupational Therapy Evaluation and Tx. | <input type="checkbox"/> Dental Consultation and Tx. Q 2 Months / PRN |
| <input type="checkbox"/> Speech Therapy Evaluation and Tx. | <input type="checkbox"/> Respiratory Therapy Evaluation and Tx. |
| <input type="checkbox"/> May participate in activities as tolerated not in conflict with treatment plan. | |
| <input type="checkbox"/> Continue above orders for 45 days unless otherwise specified. | |

Physician Signature: _____ Date: _____

Resident Name: _____