

PHYSICIAN ORDERS

Verifier INITIALS	PHYSICIAN ADMISSION / LEVEL OF CARE ORDER
	<i>All checked (✓) orders will be placed. Highlighted blanks must be completed.</i>
	Admit patient to:
	<input type="checkbox"/> Inpatient Level IV CVICU
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and admit the patient for an inpatient-only procedure or expect a hospital stay of at least 2 midnights.
	<input type="checkbox"/> Inpatient Level III ICU
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and admit the patient for an inpatient-only procedure or expect a hospital stay of at least 2 midnights.
	<input type="checkbox"/> Inpatient Level II PCU
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and admit the patient for an inpatient-only procedure or expect a hospital stay of at least 2 midnights.
	<input type="checkbox"/> Inpatient Level I telemetry
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and admit the patient for an inpatient-only procedure or expect a hospital stay of at least 2 midnights.
	<input type="checkbox"/> Observation with telemetry
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and expect a hospital stay of less than 2 midnights
	<input type="checkbox"/> Observation
	<input type="checkbox"/> I am a qualified licensed practitioner knowledgeable of the patient's course/care/condition and expect a hospital stay of less than 2 midnights
	<input type="checkbox"/> Outpatient
	<input type="checkbox"/> Outpatient with telemetry

Physician Signature _____ Provider # _____ Date _____ Time _____

BHCS Do Not Use Terminology

Unacceptable Abbreviations	Acceptable Terminology	Unacceptable Abbreviations	Acceptable Terminology
IU MS, MSO4, MgSO4 qd, qod (upper or lower case, with or without Periods)	international unit morphine sulfate or magnesium sulfate daily, every other day or q 48 hours	U Trailing zero (X.O mg) Lack of leading zero (.X mg)	Unit Never write a zero by itself after a decimal point (X mg) Always use a zero before a decimal point (0.X mg)

PATIENT LABEL

THE HEART HOSPITAL BAYLOR DENTON



D54214 (Rev. 11/13)

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