Valley Baptist Health System

Admission Orders

1. Hospital Status:	☐ Outpatient - Ambulatory ☐ Outpatient - Place in Observation ☐ Inpatient To the services of:_____ ☐ Tele Monitoring			
2. Bed Type Needed:	☐ Medical ☐ Surgical ☐ Orthopedics	☐ Oncology ☐ Stroke Unit ☐ PCCU	☐ CCU/CVI ☐ MICU ☐ NICU	☐ MBU/GYN ☐ Pediatrics ☐ PICU
3. Diagnosis:				
4. Condition:	☐ Fair	☐ Stable	☐ Guarded	☐ Poor
5. Activity:	☐ Bedrest	☐ Up with Assist	☐ Ad Lib	☐ Other_____
6. Vital Signs:	☐ Every 4 hours	☐ Other_____	☐ Neuro Checks every_____	
7. Allergies:	☐ None / NKA	☐ Allergic to:_____		
8. Nursing Action:	☐ I's & O's	☐ Daily Weight	☐ Other_____	
9. Diet:	*Texture - select one:* ☐ NPO ☐ Pureed ☐ Regular ☐ Full Liquid ☐ Soft ☐ Clear Liquid ☐ Mechanical ☐ Tube Feeding		*Modifier - select one or more:* ☐ Diabetic ☐ Heart / American Heart Assoc. ☐ Renal ☐ Other _____	
10. IV Fluids:				
11. Medications:				
12. Lab Orders:				
13. Radiology Orders:				
14. Consultations:				
15. Other:				

Date: _____ Time: _____ Physician Signature: _____

PLEASE DATE & TIME

DIRECT ADMISSION ORDERS	Patient Name
VBHS Page 1 of 1	