

INPATIENT - ACUTE CARE MANAGEMENT/HOSPICE [ACUTECAR]

Drug Allergy _____

Date _____

Hour _____

1. Notify attending physician of patient admission.
Patient will need to be seen daily by physician.
2. DIAGNOSIS:
3. Call Hospice with changes in patient condition or with questions concerning care
by phone #7150 or notify nurse on call through answering service at 353-2567.
4. Tylenol 650mg. (Oral or suppository) every 4 hours as needed for temperature greater than 101.
5. Vital signs every shift and as needed.
6. Activity: If on bedrest - turn every 2 hours _____
7. Diet: _____
8. Medications: per home
(INCLUDE BOWEL REGIMEN AND NUTRITIONAL SUPPLEMENTS)
9. Check for impaction as needed and remove manually.
10. Fleets enema as needed, **NOT TO EXCEED ONE IN 24-HOUR PERIOD.**
11. Mouth care every 2 hours and as needed.
12. Oxygen per nasal cannula, 2-3 liters per minute as needed.
13. Foley catheter #16 French as needed for urinary retention.
14. Code Status:

Drug Allergy

(Revised 1/23/04. Reviewed and Approved 1/04 D. Woodard/RP)

USE BALL POINT PEN ONLY

South campus
1248 Kinneys Lane
Portsmouth, Ohio 45662

Main campus
1805 27th St
Portsmouth, Ohio 45662

DOB:

