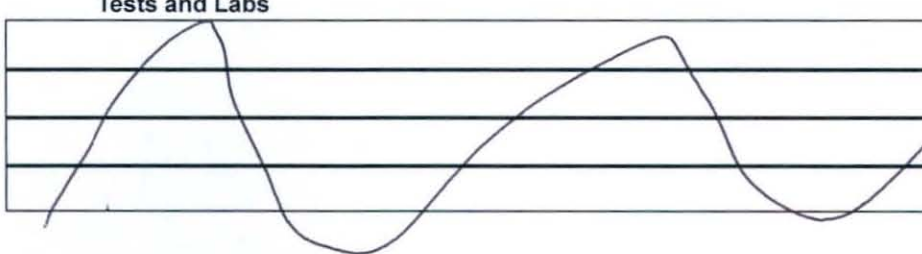
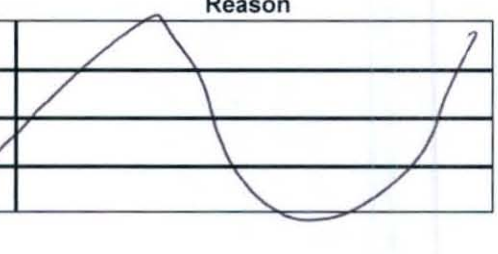
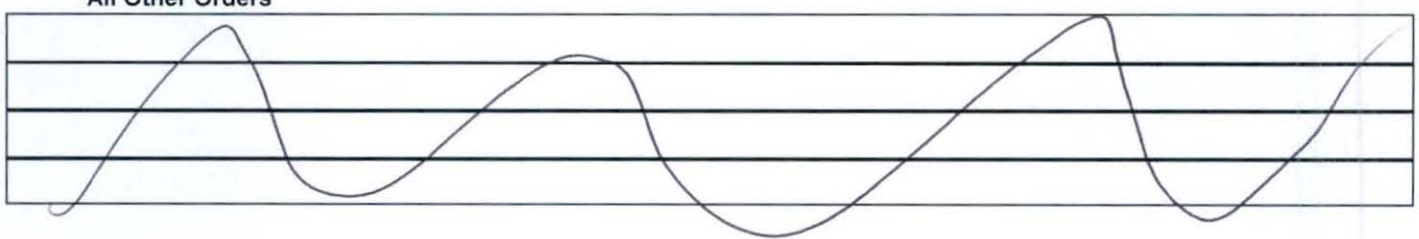



 Date: 10/13/18

 Time: 1605

Medication Name	Dose	Route	Frequency	PRN?	Indication (required for PRN) Include parameters if applicable	
Lorazepam	0.5mg	PO	BID	<input type="checkbox"/> Y <input type="checkbox"/> N	akathesia	
(for 3 days starting today 10/13 HS)					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		

Tests and Labs	Reason
	

All Other Orders


 Telephone Order Verbal Order

Provider	Taken & Read Back By
Name: (Print) <u>Dr. Rahman</u>	Name: (Print) <u>Eric Trapper, RN</u>
Orders will be electronically signed by the provider. One set of telephone orders per order form. Cross off unused lines.	Signature / Title: <u>Eric Trapper, RN</u>
	Telephone Number: <u>4304</u>

Orders entered by: _____ Date: _____ Time: _____

Chart checked by: _____ Date: _____ Time: _____

White - Chart Canary - Pharmacy



PHYSICIAN ORDERS



BLAYK, BONZE ANNE ROSE
A00088571823 M000597460
05/01/1956 62 F
Ehmke, Clifford BSU 202-01

HGT 5'6"	WGT 166	DIAGNOSIS: Unspecified Psychotic 0/0	SENSITIVITIES: NKA
ATTENDING MD:		DIET:	CODE STATUS: <input type="checkbox"/> FULL CODE <input type="checkbox"/> DNR / MOLST <input type="checkbox"/> MOLST E <input type="checkbox"/> DNR
PRIMARY CARE MD:		ACTIVITY:	
CONDITION:		VITAL SIGNS:	

MEDICATIONS PER FORMULARY UNLESS OTHERWISE SPECIFIED

DATE	TIME	ORDERS	INDICATION/REASON
		<input type="checkbox"/> OBV / Outpatient <input type="checkbox"/> Admit Inpatient	
		<input type="checkbox"/> See DVT Prophylaxis Form <input type="checkbox"/> See Anti-Coagulation Treatment Form	
		<input type="checkbox"/> See Medication Reconciliation Sheet	
		Call Physician if HR > _____ or < _____, SBP > _____ or < _____,	
		Temp > _____, O ₂ Sat < _____	
10/14/18	0200	24 chart electronically reviewed - Amone P/N	
10/15/18	0000	24 chart electronically reviewed	

Physician Signature: _____ Date / Time: _____

PHYSICIAN ORDERS



BLAYK, BONZE ANNE ROSE
A00088571823 M000597460
05/01/1956 62 F
Ehmke, Clifford BSU 202-01

HGT 5'6"	WGT 166#	DIAGNOSIS: Unspecified Psychotic D/O	SENSITIVITIES: NKA
--------------------	--------------------	--	------------------------------

ATTENDING MD:	DIET:	COBE STATUS: <input checked="" type="checkbox"/> FULL CODE <input type="checkbox"/> DNR / MOLST <input type="checkbox"/> MOLST E <input type="checkbox"/> DNR
PRIMARY CARE MD:	ACTIVITY:	
CONDITION:	VITAL SIGNS:	

MEDICATIONS PER FORMULARY UNLESS OTHERWISE SPECIFIED

DATE	TIME	ORDERS	INDICATION/REASON
		<input type="checkbox"/> OBV / Outpatient <input type="checkbox"/> Admit Inpatient	
		<input type="checkbox"/> See DVT Prophylaxis Form <input type="checkbox"/> See Anti-Coagulation Treatment Form	
		<input type="checkbox"/> See Medication Reconciliation Sheet	
		Call Physician if HR > _____ or < _____, SBP > _____ or < _____	
		Temp > _____, O ₂ Sat < _____	
9/25/18	0001	24 ^h ✓ Chart electronically renewed	
9/25/18	23:28	24 ^h ✓ Chart electronically renewed - M. Brown	
9/27/18	03:50	24 ^h ✓ chart electronically renewed - Edita Sidhu, RN	
9/27/18	0000	24 ^h ✓ Chart electronically renewed	
9/29/18	0030	24 ^h ✓ Chart electronically renewed	
9/29/18	0300	24 ^h ✓ chart electronically renewed	
10/1/18	0445	24 ^h ✓ Chart electronically renewed - M. Brown	
10/1/18	0501	24 ^h ✓ Chart electronically renewed	
10/2/18	2235	24 ^h ✓ chart electronically renewed - Michele Brown	
10/2/18	1930	24 ^h ✓ chart electronically renewed - Michele Brown	
10/4/18	0215	24 ^h ✓ chart electronically renewed - M. Brown	
10/5/18	0100	24 ^h ✓ chart electronically renewed - Edita Sidhu, RN	
10/6/18	0100	24 ^h ✓ Chart electronically renewed	
10/7/18	0000	24 ^h ✓ Chart electronically renewed	
10/8/18	0000	24 ^h ✓ Chart electronically renewed	
10/8/18	2320	24 ^h ✓ Chart electronically renewed - Michele Brown	
10/10/18	2200	24 ^h ✓ chart electronically renewed - Edita Sidhu	
10/11/18	2300	24 ^h ✓ Chart electronically renewed	
10/12/18	2300	24 ^h ✓ Chart electronically renewed	

Physician Signature: _____ Date / Time: _____





BLAYK, BONZE ANNE ROSE
 A00088571823 M000597460
 05/01/1956 62 F
 Ehmke, Clifford BSU 202-01

Addressograph

Physician Certification & Re-Certification

I certify that the inpatient psychiatric hospital admission is medically necessary because:

Psychotic and violent

I estimate 1 days/ 1 weeks of hospitalization are necessary for treatment of this patient.

Initial Certification
 Due Date: 9/24/18

My plans for post hospital care for this patient are:

- Home Office Care Home Health Agency
 Extended Care Nursing Home
 Other:

[Signature]
 Attending Physician

9/25/18 09:30
 Date

I certify that the inpatient hospital services furnished since the previous certification were, and continue to be, medically necessary for, either, treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were, either, intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services.

Psychotic and unable to care for self

1st Re-Certification
 Day 12
 Due Date: 10/5/18

I estimate 1 days/ 2 weeks of hospitalization are necessary for treatment of this patient.

My plans for post hospital care for this patient are:

- Home Office Care Home Health Agency
 Extended Care Nursing Home
 Other:

[Signature]
 Attending Physician

10/5/18
 Date
12:15

Physician Re-Certification (continued)

Every 30 Days After 2nd Certification

I certify that the inpatient hospital services furnished since the previous certification were, and continue to be, medically necessary for, either, treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were, either, intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services.

2nd Re-Certification

Day 18

Due Date: 10 / 11 / 18

Psychotic and unable to care for self

I estimate / days/ 3 weeks of hospitalization are necessary for treatment of this patient.

My plans for post hospital care for this patient are:

- Home
 Office Care
 Home Health Agency
 Extended Care
 Nursing Home
 Other: _____

C. J. Ehmke, MD
 Attending Physician

10/11/18 09:30
 Date

I certify that the inpatient hospital services furnished since the previous certification were, and continue to be, medically necessary for, either, treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were, either, intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services.

Re-Certification

Day 30

Due Date: / /

I estimate days/ weeks of hospitalization are necessary for treatment of this patient.

My plans for post hospital care for this patient are:

- Home
 Office Care
 Home Health Agency
 Extended Care
 Nursing Home
 Other: _____

 Attending Physician

 Date



BLAYK, BONZE ANNE ROSE
 A00088571823 M000597460
 05/01/1956 62 F
 Ehmke, Clifford BSU 202-01