

Admit to Thousand Oaks Surgical Hospital In-Patient Unit

Diagnosis: _____

Allergies: _____ **Height:** _____ **Weight:** _____

Vital signs per Inpatient protocol (every 4 hours). Other: _____

IV: _____

D/C IV when tolerating PO fluids

Saline lock IV when tolerating PO fluids

DIET: Clear liquids, progress to regular if no nausea Other: _____

PAIN MEDICATIONS: Per Universal Pain Scale (1-10/10)
(Specify only one medication, strength and route for each pain level designation)

_____ PRN Mild pain (1-3/10)

_____ PRN Moderate pain (4-6/10)

_____ PRN Severe pain (7-10/10)

Other MEDICATIONS: _____

Keep dressing dry & clean. Do not remove steri-strips

Ice bag to operative site

Activity: No restrictions Bed rest OOB with assistance Other: _____

Discharge Planning: Date/Time _____ Vital signs stable Tolerates PO Voids Ambulates

Other: _____

MD managing co-morbidity or secondary diagnosis:

MD Name: _____ Phone Number: _____

Physician Signature: _____ **Date:** _____ **Time:** _____

RN Signature: _____ **Date:** _____ **Time:** _____

*******FAX This form to 2 North Station (805) 418-1388*******



Thousand Oaks Surgical Hospital
401 E. Rolling Oaks Drive • Thousand Oaks, CA 91361 • (805) 777-7750

**DIRECT ADMIT PATIENTS
MEDICAL / SURGICAL ORDERS
MR196 Reviewed/Revised 4/1/10**

Patient Label: