

Skilled Nursing Facility Admission Orders

<i>Diagnosis</i>	
<i>Allergies</i>	
<i>SNF Admission- Required SNF Regulatory</i>	
<input type="checkbox"/> Admit to	Skilled Nursing Facility Date:
<input type="checkbox"/> All orders good for 45 days unless otherwise indicated	
<i>Follow Up Appointment</i>	
<input type="checkbox"/> Follow up appointment(s):	<ul style="list-style-type: none"> - The skilled nursing facility staff will help arrange your appointments or your health care provider may be able to come to you - Onsite provider at nursing home within 3 days
<input type="checkbox"/> New recommended specialty consult appointments	-
<i>Activity</i>	
<input type="checkbox"/> Activity as tolerated:	<ul style="list-style-type: none"> - The skilled nursing facility staff will re-evaluate you and may change your activity level. - To be advanced according to nursing facility rehabilitation recommendations
<input type="checkbox"/> Activity - Weight bearing:	<input type="checkbox"/> weight bearing as tolerated <input type="checkbox"/> no weight bearing <input type="checkbox"/> toe touch weight bearing <input type="checkbox"/> partial weight bearing <input type="checkbox"/> []% weight bearing The skilled nursing facility staff will re-evaluate you and may change your activity level.
<input type="checkbox"/> Activity - Precautions while moving around:	You may be active with precautions. Precautions: The skilled nursing facility staff will re-evaluate you and may change your activity level.
<input type="checkbox"/> Activity per Skilled Nursing Facility Rehab Recommendations:	The skilled nursing facility staff will re-evaluate you and may change your activity level.
<input type="checkbox"/> Activity - Assess Fall Risk:	Site to assess fall risk and implement Fall Precautions as needed.
<i>Diet</i>	
<input type="checkbox"/> Diet Regular	

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<input type="checkbox"/> Diet Diabetes	
<input type="checkbox"/> Diet Renal Dialysis	
<input type="checkbox"/> Diet 2 Gram Sodium Restricted	
<input type="checkbox"/> Diet Cardiac (low cholesterol, low fat, low sodium)	
<input type="checkbox"/> Diet Dysphagia:	Select modifiers: <input type="checkbox"/> Level I – Puree, [] thick liquids. <input type="checkbox"/> Level II – Mechanically Altered, [] thick liquids. <input type="checkbox"/> Level III – Advanced, [] thick liquids.
<input type="checkbox"/> Diet Tube Feeding:	Your diet is tube feeding: Type: Frequency: Additional free water in the amount of *** ml *** times per day. -Flushing instructions: Flush feeding tube with 30-50 mL water: 1. Before and after feedings 2. After residual check 3. After bag change 4. After medication administration 5. If tube becomes clogged, check for impaction in stub nose adapter and clean or replace (Use 30 mL syringe to irrigate gastric or Jejunal tube with water)
<input type="checkbox"/> Diet NPO:	May take oral medications: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Diet - Fluid Restriction:	Limit total fluids to [] per day.
<input type="checkbox"/> Other diet information	
<i>Nursing- Required SNF Regulatory</i>	
<input type="checkbox"/> Vital Signs per Facility	
<input type="checkbox"/> Vital Signs	As specified:
<input type="checkbox"/> Weight per Facility	
<input type="checkbox"/> Weight	Daily in AM. Call physician if weight increases by 2 pounds in 24 hours or 5 pounds in 7 days from admission weight. Estimated dry weight: [].
<i>Drains, Wounds, Ostomy, and Intravenous Line.</i>	
<input type="checkbox"/> Urinary Drain	- reason for insertion: - type of urinary drain: Care and maintenance per facility. The skilled nursing facility staff will help with your drain.
<input type="checkbox"/> Urinary Drain – Voiding Trial	- remove urinary catheter in [] days - up to void with post void residual check by bladder scan

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	each shift for 24 hours and as needed for voiding difficulties - straight catheterize if post void residual greater than 300 mL - call MD if patient straight catheterized twice
<input type="checkbox"/> Wound Care	You have a wound or incision. The skilled nursing facility staff will take care of your wound. Wound care instructions for the skilled nursing facility:
<input type="checkbox"/> Wound Negative Pressure Therapy	Location: Frequency: Pressure:
<input type="checkbox"/> Drain Care	Type of drain(s): The reason for the drain is: Care and maintenance per facility.
<input type="checkbox"/> Ostomy Care	Type of ostomy: The reason for the ostomy is: Care and maintenance per facility.
<input type="checkbox"/> Tracheostomy information	@LDASNFAIRWAY@
<input type="checkbox"/> Intravenous access line	You have an intravenous line The skilled nursing facility staff will take care of your intravenous line
<input type="checkbox"/> Information for IV line and/or feeding tube	@LDASNFLINE@
Respiratory - Required SNF Regulatory, if applicable	
<input type="checkbox"/> Oxygen	Per nasal cannula. Frequency: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> With Activity <input type="checkbox"/> Nocturnal <input type="checkbox"/> Other: []. To keep O2 saturation greater than or equal to 90%. Wean as able? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Incentive Spirometry	Encourage use every shift and more frequently if patient tolerates.
Blood Glucose Checks	
<input type="checkbox"/> Blood Glucose Checks	<input type="checkbox"/> Three times a day Before Meals and at Bedtime <input type="checkbox"/> Three times a day Before Meals and at Bedtime and 2AM <input type="checkbox"/> Two times a day <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Every 6 hours <input type="checkbox"/> At Bedtime <input type="checkbox"/> Daily <input type="checkbox"/> Other: [].
Laboratory - Provider to add diagnosis with labs ordered.	
<input type="checkbox"/> Future Lab Orders(include date for lab draw):	

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<input type="checkbox"/> Future Imaging Orders (include date for imaging order):	
<i>Other Treatment Orders</i>	
<input type="checkbox"/> Patient May Leave SNF Supervised with Medications	
<i>Treatment Options- Required SNF Regulatory</i>	
<input type="checkbox"/> Treatment Options: Full Resuscitation	
<input type="checkbox"/> Treatment Options: DNR	
<input type="checkbox"/> Treatment Options: DNI	
<input type="checkbox"/> Treatment Options: Hospice	
<input type="checkbox"/> Treatment Options: Limited Treatment - Describe	
<input type="checkbox"/> Treatment Options: Not Discussed	
<i>Patient Aware of Diagnosis - Required SNF Regulatory</i>	
<input type="checkbox"/> Patient Aware of Diagnosis: Yes	
<input type="checkbox"/> Patient Aware of Diagnosis: No	
<i>Level of Care- Required SNF Regulatory</i>	
<input type="checkbox"/> Level of Care: Skilled	
<i>Patient's Condition - Required SNF Regulatory</i>	
<input type="checkbox"/> Condition: Improving	
<input type="checkbox"/> Condition: Stabilizing	
<input type="checkbox"/> Condition: Declining	
<input type="checkbox"/> Condition: Terminal	
<i>Receiving Agency Standing Orders- Required SNF Regulatory</i>	
<input type="checkbox"/> Agency Standing Orders: Yes	
<input type="checkbox"/> Agency Standing Orders: No	
<i>Rehab Potential- Required SNF Regulatory</i>	
<input type="checkbox"/> Rehab Potential: Excellent	
<input type="checkbox"/> Rehab Potential: Good	

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<input type="checkbox"/> Rehab Potential: Fair	
<input type="checkbox"/> Rehab Potential: Poor	
<i>Discharge Potential- Required SNF Regulatory</i>	
<input type="checkbox"/> Discharge Potential: Length of Stay : Less than 30 Days	
<input type="checkbox"/> Discharge Potential: Length of Stay: Greater than 30 Days	
<i>Admission H&P Remains Valid & Up to Date - Required SNF Regulatory</i>	
<input type="checkbox"/> Admission H&P Valid: Yes	
<i>Free of Communicable Disease- Required SNF Regulatory</i>	
<input type="checkbox"/> Free of Communicable Disease: Yes	
<input type="checkbox"/> Free of Communicable Disease: No	
<i>Give Two Step Mantoux on Admission- Required SNF Regulatory</i>	
<input type="checkbox"/> Give Two Step Mantoux: Yes, Unless Current or Contraindicated	
<input type="checkbox"/> Give Two Step Mantoux: No	
<i>Treatment Orders- Required SNF Regulatory, if applicable.</i>	
<input type="checkbox"/> Treatment: Physical Therapy Eval and Treat	
<input type="checkbox"/> Treatment: Occupational Therapy Eval and Treat	
<input type="checkbox"/> Treatment: Speech Therapy Eval and Treat	
<input type="checkbox"/> Treatment: Palliative Care	
<input type="checkbox"/> Treatment: Respiratory Therapy Eval and Treat	
<input type="checkbox"/> Treatment: Psychologist as Needed per Facility	
<input type="checkbox"/> Treatment: Dentistry as Needed per Facility	
<input type="checkbox"/> Treatment: Podiatry as Needed per Facility	
<input type="checkbox"/> Treatment: Optometry as Needed per Facility	
<i>Medication orders</i>	
Print and sign current medication orders from Excellian, along with diagnosis associated with each medication. Include hard copy prescriptions for all controlled substances.	

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Provider Signature

Date

Time

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