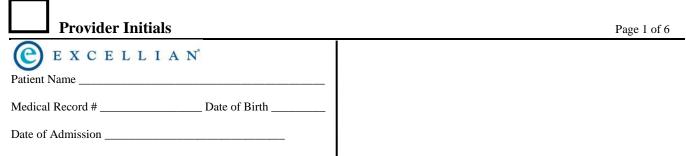
Diagnosis			
Allergies			
SNF Admission- Required SNF Regulatory			
Admit to Skilled Nursing Facility			
	Date:		
□ All orders good for 45 days unless otherwise indicated			
Follow Up Appointment			
☐ Follow up appointment(s):	 The skilled nursing facility staff will help arrange your appointments or your health care provider may be able to come to you Onsite provider at nursing home within 3 days 		
□ New recommended specialty consult appointments	-		
Activity			
□ Activity as tolerated:	- The skilled nursing facility staff will re-evaluate you and may change your activity level.		
	 To be advanced according to nursing facility 		
	rehabilitation recommendations		
Activity - Weight bearing:	□ weight bearing as tolerated		
	□ no weight bearing		
	\Box toe touch weight bearing		
	□ partial weight bearing		
	□ []% weight bearing		
	The skilled nursing facility staff will re-evaluate you and may change your activity level.		
Activity - Precautions while moving around:	You may be active with precautions.		
Activity - recautions while moving around.	Precautions:		
	The skilled nursing facility staff will re-evaluate you and may		
	change your activity level.		
□ Activity per Skilled Nursing Facility Rehab	The skilled nursing facility staff will re-evaluate you and may		
Recommendations:	change your activity level.		
Activity - Assess Fall Risk:	Site to assess fall risk and implement Fall Precautions as needed.		
Diet			
Diet Regular			

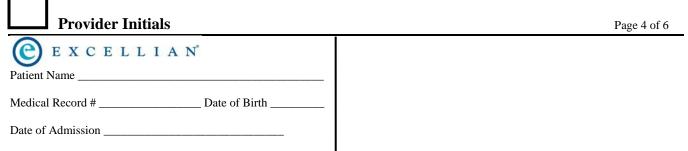


PROVIDER'S	ORDERS
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Diet Diabetes	
Diet Renal Dialysis	
Diet 2 Gram Sodium Restricted	
Diet Cardiac (low cholesterol, low fat, low sodium)	
Diet Dysphagia:	Select modifiers: Level I – Puree, [] thick liquids. Level II – Mechanically Altered, [] thick liquids. Level III – Advanced, [] thick liquids.
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)
Diet NPO:	May take oral medications: □YES □NO
Diet - Fluid Restriction:	Limit total fluids to [] per day.
□ Other diet information	
Nursing- Required SNF Regulatory	
□ Vital Signs per Facility	
□ Vital Signs	As specified:
□ Weight per Facility	
□ 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: [].
Drains, Wounds, Ostomy, and Intravenous Line.	
Urinary Drain	 reason for insertion: type of urinary drain: Care and maintenance per facility. The skilled nursing facility staff will help with your drain.
Urinary Drain – Voiding Trial	 remove urinary catheter in [] days up to void with post void residual check by bladder scan
Provider Initials	Page 2 of 6
e x c e l l i a n'	
Patient Name	
Medical Record # Date of Birth	
Medical Record # Date of Birth Date of Admission	

	each shift for 24 hours and as needed for voiding
	difficulties
	- straight catheterize if post void residual greater than 300
	mLcall MD if patient straight catheterized twice
U 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:
U Wound Negative Pressure Therapy	Location:
	Frequency: Pressure:
Drain Care	Type of drain(s):
Drain Care	The reason for the drain is:
	Care and maintenance per facility.
Ostomy Care	Type of ostomy:
·	The reason for the ostomy is:
	Care and maintenance per facility.
□ Tracheostomy information	@LDASNFAIRWAY@
□ Intravenous access line	You have an intravenous line
	The skilled nursing facility staff will take care of your
	intravenous line
□ Information for IV line and/or feeding tube	@LDASNFLINE@
Respiratory - Required SNF Regulatory, if applicable	
□ Oxygen	Per nasal cannula. Frequency: Continuous Intermittent
	$\Box \text{ With Activity } \Box \text{ Nocturnal } \Box \text{ Other: } [].$
	To keep O2 saturation greater than or equal to 90%. Wean as able? \Box Yes \Box No
Transiti - Calendra	Encourage use every shift and more frequently if patient
□ Incentive Spirometry	tolerates.
Blood Glucose Checks	
□ Blood Glucose Checks	☐ Three times a day Before Meals and at Bedtime
	Three times a day Before Meals and at Bedtime and 2AM
	Two times a day
	 Every 4 hours Every 6 hours
	\Box At Bedtime
	Daily
	□ Other: [].
Laboratory – Provider to add diagnosis with labs ordered	d
☐ Future Lab Orders(include date for lab draw):	
Provider Initials	Page 3 of 6
excellian [®]	
Patient Name	
Medical Record # Date of Birth	_
Date of Admission	
PROVIDER'S ORDERS	

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



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

Provider Initials	Page 5 of 6
EXCELLIAN Patient Name	
Medical Record # Date of Birth	
Date of Admission	
PROVIDER'S ORDERS	

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Provider Signature

Date

Time

