





M653082 1023586118

### PHYSICIAN ORDERS

PATIENT NAME MARY JEAN PARULIN

DIAGNOSIS: ACUTE RENAL FAILURE POORLY CONTROLLED DM  
CONGESTIVE HEART FAILURE (EF 30%) ACCELERATED HTN  
CELLULITIS of LEG. Chronic Kidney Disease

ADMIT TO:  Acute Hospital  Physical Rehabilitation Unit  
 Skilled Nursing Facility (SNF-A)  Custodial level of services (SNF-B)

REHAB POTENTIAL:  Good  Fair  Poor

**TUBERCULOSIS SCREENING**

Initiate TB screening per facility policy  
 History of Positive TST:  Yes  No Chest X-Ray (CXR) \_\_\_\_\_ Month / Year  
 Initiate MRSA screening per facility policy

**ADVANCE DIRECTIVES**

PATIENT HAS AN ADVANCED DIRECTIVE FOR HEALTH CARE:  Yes  No

CODE STATUS DISCUSSED WITH:  Patient  Family

MENTAL CAPACITY: Yes No  
 Patient has mental capacity to participate in own care:    
 Patient has mental capacity to understand diagnosis, prognosis, and treatment options:

**Physician Orders for Life-Sustaining Treatment (POLST)**

Attempt Resuscitation/CPR  Do Not Attempt Resuscitation/DNR

Comfort Measures Only: Medication, Positioning, Wound Care, Measures to relieve pain and suffering, Oxygen, Suction, Manual bxt of airway obstruction PRN for comfort. ATB to promote comfort. Transfer if comfort needs cannot be met in current location

Limited Additional Interventions: Includes care described above. Medical Txt, ATB, IV fluids, Non-invasive positive airway pressure. Do not intubate. Generally avoid intensive care.

Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location

Full Treatment: Includes care described above. Use Intubation, Advanced Airway Interventions, Mechanical Ventilation, and Defibrillation/Cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

No artificial nutrition by tube  
 Defined trial period of artificial nutrition by tube \_\_\_\_\_  
 Long-term artificial nutrition by tube.  
 Additional Orders: \_\_\_\_\_

**SPECIAL SERVICES**

Physical therapy evaluation and treatment  
 Speech therapy evaluation and treatment  
 Occupational therapy evaluation and treatment  
 Respiratory evaluation and treatment

O<sub>2</sub> @ \_\_\_\_\_ L / min. via:  Mask  Cannula  Non-Re-breather

Ventilator  
 Tracheostomy

Dr Freund follow up Tues May 29 @ 1:30

**ALLERGIES**

LATEX  
MORPHINE  
LATEX

**DIET**

NPO  Regular  No added salt  
 Carbohydrate Controlled Calories: 1800  
 Low fat / Low cholesterol  
 Mechanically altered  Pureed  
 Other: \_\_\_\_\_

**ACTIVITY**

As tolerated  
 Bedrest  
 BRP  Bedside Commode  
 Weight-bearing restrictions \_\_\_\_\_ lbs.  
 Other: \_\_\_\_\_

**ANALGESIA**

Tylenol 325 mg 2 tabs via \_\_\_\_\_ every 4 hours PRN mild pain/discomfort  
 Tylenol Elixir 20ml (650mg) via \_\_\_\_\_ every 4 hours PRN mild pain/discomfort  
 Other: \_\_\_\_\_

**BOWEL AND BLADDER CARE**

Foley catheter to gravity drainage. Change PRN non-patency / leaking

• Diagnosis: \_\_\_\_\_

MOM 30ml PO every 3 days PRN constipation  
 Bisacodyl suppository 10mg rectally every 3 days PRN constipation if MOM not effective

**ADDITIONAL ORDERS & MEDICATION/DIAGNOSIS**

Call Transferring Physician Rod Felber DO at 209-339-7639 for clarification of any orders.  
 (MD Name) (Phone Number)

<u>KEFLER 500mg Q6 Hours x 7 DAYS</u>	<u>KLOR CON 10mg twice A DAY</u>	<u>ASA 81mg PO Q DAY</u>
<u>JANUJIA 25mg PO Q DAY</u>	<u>LEVOTHYROXINE 100mcg / DAY</u>	<u>NORCO 7.5mg</u>
<u>CANOTUS 10 units QAM &amp; PM</u>	<u>AMBIEN 5mg PO Q DAY HS</u>	<u>one Q 4 pm pain</u>
<u>FUROSEMIDE 40mg PO Q D</u>	<u>CARVEDILOL 12.5mg PO Q 12</u>	<u>LABS PRN</u>
<u>ISOSORB 30mg Q DAY</u>	<u>LEXAPRO 20mg PO Q DAY</u>	<u>To follow up</u>
<u>NTG 1/150 1 subling PRN CP. May Repeat 12</u>	<u>FAMOTADINE 20mg PO Q 12</u>	<u>APPT: BNP, BMP</u>
<u>ZETA 10mg PO Q DAY</u>	<u>LOWASTATIN 40mg PO Q DAY</u>	

Physician Signature: 344510 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Electronically Signed by Felber, Rodney DO - HOSP on 06/05/12 at 1844