

INPATIENT PROGRAM STANDING ORDERS

Patient Name _____	DOB _____
<p>Diet Choices: Admitted residents will receive a REGULAR diet. Please write in below if there are therapeutic diet recommendations. Bailey-Boushay House Dietician will provide education.</p>	
<p>Texture (Check one only)</p> <p> <input type="checkbox"/> Regular <input type="checkbox"/> Dysphagia Advanced <input type="checkbox"/> Dysphagia Mechanically Altered <input type="checkbox"/> Dysphagia Pureed </p>	
<p>Thickened Liquids? (Check one only) <input type="checkbox"/> Thin <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon </p>	
<p>Evaluation of MTB: Admitted Residents must be evaluated for presence of active TB as required by WAC 388-97-1400/1440. Bailey-Boushay House will provide a 2-step PPD, unless there is a documented history of a past positive result. Please note any history of TB or reactive PPD here.</p>	
<p>Follow Virginia Mason Medical Center policy for central line/midline management, unless ordered otherwise.</p>	
<p>Therapies <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> PT <input type="checkbox"/> Speech <input checked="" type="checkbox"/> Recreation <input type="checkbox"/> Respiratory </p>	
<p>Vaccine History</p> <p>Annual Flu Vaccine Date: _____</p> <p>Pneumococcal Vaccine Date: _____</p> <p>Tdap Vaccine Date: _____</p> <p>During influenza season: current flu season vaccination unless contraindicated or already given.</p>	
<p>MD/ARNP Printed Name _____</p> <p>DEA # _____ NPI # _____</p> <p>MD/ARNP Signature _____ Date _____</p>	