



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><input type="checkbox"/> For all patients with central lines: Cathflo activase 2 mg intra-catheter solution. 2mg IV 4x/week PRN clogged line If initial dose ineffective, may administer second dose 2 hours after completion of initial dose.</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 PCV13 Date: _____ PPSV23 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>	