

**RIVERVALLEY BEHAVIORAL HEALTH HOSPITAL
PHYSICIAN ORDERS**

DRUG ALLERGIES: _____

DATE: _____ **TIME:** _____

1) **Admit to RVBH Hospital UNIT/PHYSICIAN:** _____

2) **Admission/Provisional Diagnoses:** _____

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

3) **LABS:** ""Urine/Serum Drug Screen Urine/Serum ETOH Screen Urine/Serum BHCG
CBC w/ MD UA T3 Uptake T4 Free T4 TSH CMP BMP LFT UA C&S Other _____
Depakote Level Depakote Protocol Lithium Level Lithium Protocol Other _____
Trileptal Level Tegretol Level Tegretol Protocol Other _____

4) **OTHER TEST/STUDIES:** EKG EEG SDEEG TB Skin Test (if not done past year) Other _____

5) **PSYCHOMETRICS:** IQ Projective Personality Psycho-Ed Other _____

6) **DIET:** Routine x 30 days Restricted x 30 days: _____

7) **PEDIATRICIAN TO EVALUATE FOR:** H&P Other _____

8) **NURSING:** Daily VS Daily WT x 3 then weekly Monitor Encopresis/Enuresis Wound Care I&O Purging
Other _____

9) **SPECIAL OBSERVATIONS FOR 24 HOURS 72 HOURS FOR:** Q 15 Min Line of Sight 1:1 At all times
While Awake

Self-Injury Suicidal Minimal Strict Hospital Clothing

Combative/Dangerous HI Minimal Strict Private Room

Sexual Acting Out Private Room

Elopement

Contraband Minimal Strict Hospital Clothing

Unit Restriction Minimal Strict

Psychosis Impulsive Unpredictable Explosive Property Destruction Cruelty to Animals Seizure/Fall

Other _____

10) **MEDICATION:**

A: _____ Other: _____

B: _____

C: _____

D: _____

E: _____

11) **MEDICATION CONSENT FOR:** Antidepressants Mood Stabilizers Antipsychotics Anxiolytics/Hypnotics
Stimulants Anticholinergics Other _____

12) **[] OTHER MEDICATION/WORK UP OR INTERVENTIONS AS PER TREATING PHYSICIAN**

LICENSED NURSE

PHYSICIAN/LIP

PATIENT NAME: _____ AGE: _____ SEX: Male Female ROOM # _____

WHITE COPY – PATIENT CHART
YELLOW COPY – PHARMACY

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