Day Activity and Health Services (DAHS) Physician's Orders

Section I. Individual Information

| Individual Name (Last, Fir | <i>^</i> | | *************************************** | D.O.B (month/da | | Individual No, |
|--|---|---------------------------------------|---|---------------------|---------------------------------------|--|
| Nealey 1 | 14 non | | | 10/25/19. | 35 | |
| DAHS Facility Name | | | DAH | Shlurco | | DAHS Area Code and Telephone No. |
| We Care adult | · Any Can | . Otr | G | berto Mas | 6.0 | 214) 301-7 |
| DAHS Facility Address | | | | | ecno- | |
| We Case Gdult DAHS Facility Address 3200.5, Lanoatee | Suite 1 | 100 l | Aslac . | 72 75711 | • | |
| Section II. Physician | 's Orders: Li | st Active N | Medical Di | agnoses | | Lr |
| | | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 1. Schramehmin | | | Active | Medical Diagnosis 7 | | • |
| 1. Schrzaphinia 2. | | | | /· 8 | | |
| 3. | | | | 0 | | |
| 4. | | | | | · · · · · · · · · · · · · · · · · · · | |
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| 5. 6. | *************************************** | · · · · · · · · · · · · · · · · · · · | | 12 | - | |
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| intervention to be adr | s Orders: A ninistered a | pnysician' t the DAHS | s order is 3 facility. | required for tre | eatment incl | uding procedures, monitoring or |
| Ordered Treatments/M | lonitoring/Interv | ention | Fr | equency | T | Related Medical Diagnosis |
| Vital Sign | ر ا | | · · · · · · · · · · · · · · · · · · · | | | V |
| weigh | t, | | | | | |
| Wital Sign Weigh Mond Swing | s / personel | ly change | | | | |
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| Section IV. Special Die | et: (If the on | y need is t | for a spec | ial diet, this do | es not meet | the medical need criteria) |
| None | | iabetic | | Low S | odium | Low Cholesterol |
| Bland | N | lod. Texture | | Calorie | Restricted | |
| Other (Specify): | | | | | | |
| Instruction/Notes/Com | ments: | | | | | |
| Section V. Medication Prescription) | | | | HS facility by th | ne DAHS RN | or LVN. (Including PRN |
| Medication | Dosage 4 | Route | Fre | equency | | Related Medical Diagnosis |
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| Medication | Dosage | Route | Frequency | Instruction | No. No.de Danie II |
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| Section VII. Medication | ns: Medicati | one take | at home | | |
| Medication | Dosage | Route | | | |
| Twanda | | P.O | Frequency | Relate | ed Medical Diagnosis |
| Genztropine Mes Pisperchel | 50 mg 1 mg 2 mg | | & Bestime Bist , Tels Best | Sleep Schryphic Symplecia | |
| 715 part D | mg | RO | Bist | Saly aphie | |
| - spervice | 2 mg | ں جر | 1 les pul | Symplemia | |
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| ection VIII. Medicatio | ns: Over-the | -counter | PRN medications | | |
| ection VIII. Medicatio | ons: Over-the | -counter | · | Polato | 1 Modical Disease |
| | | | PRN medications Frequency | Related | d Medical Diagnosis |
| | | | · | Related | d Medical Diagnosis |
| | | | · | Related | d Medical Diagnosis |
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| | | | · | Related | d Medical Diagnosis |
| Medication | Dosage | Route | · | Related | d Medical Diagnosis |
| Medication | Dosage | Route | · | Related | d Medical Diagnosis |
| Medication ection IX. Physician's | Dosage Certification a medical dia | Route | Frequency | | |
| Medication ection IX. Physician's certify this individual has tervention by a licensed | Dosage Certification s a medical dia nurse to be pe | Route | Frequency a functional limitation and the DAHS facility. | hereby order the above | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed | Dosage Certification s a medical dia nurse to be pe | Route | Frequency a functional limitation and the DAHS facility. | hereby order the above | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed | Dosage Certification s a medical dia nurse to be pe | Route | Frequency | hereby order the above | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed | Dosage Certification s a medical dia nurse to be pe | Route | Frequency a functional limitation and the DAHS facility. | hereby order the above | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed | Dosage Certification s a medical dia nurse to be pe | Route | a functional limitation and the DAHS facility. | hereby order the above | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed also certify that I am not Signature – Physician Signature – Physician statement of the | Dosage Certification s a medical dia nurse to be per a significant or | Route | a functional limitation and the DAHS facility. Her or member of the service day's Date Date o | hereby order the above provider requesting to | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed also certify that I am not | Dosage Certification s a medical dia nurse to be per a significant or | Route | a functional limitation and the DAHS facility. Her or member of the service day's Date / Date o | hereby order the above provider requesting the fiverbal Order (if app.) | e care, monitoring or |
| Medication ection IX. Physician's certify this individual has tervention by a licensed also certify that I am not Signature – Physician Signature – Physician statement of the | Certification s a medical dia nurse to be pe a significant or | gnosis and erformed at wher, parth | a functional limitation and the DAHS facility. Her or member of the service day's Date Date o | hereby order the above provider requesting to | e care, monitoring or his order for DAHS. |