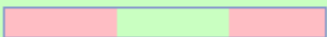


# Princeton Community Hospital

Dr. Jeff Gee

<b>Resting Pulse Rate</b>	
Pulse Rate (adult)	 (60 - 100 bpm)
Resting Pulse Rate	<input type="radio"/> 80 or Below <input type="radio"/> 81 to 100 <input type="radio"/> 101 to 120 <input type="radio"/> Greater than 120
<b>Sweating</b>	
Sweating	<input type="radio"/> No Chills or Flushing <input type="radio"/> Report of Chills/Flushing <input type="radio"/> Flushed/Moistness on Face <input type="radio"/> Sweat on Brow or Face <input type="radio"/> Sweat Streaming on Face
<b>Restlessness</b>	
Restlessness	<input type="radio"/> Able to sit still <input type="radio"/> Difficult but able to sit <input type="radio"/> Shifting/Mvmt of Arms/Leg <input type="radio"/> Unable to sit still
<b>Pupil Size</b>	
Pupil Size	<input type="radio"/> Pupils pinned or normal <input type="radio"/> Pupils larger than normal <input type="radio"/> Pupils moderately dilated <input type="radio"/> Only rim of iris visible
<b>Bone or Joint Aches</b>	
Bone or Joint Aches	<input type="radio"/> Not present <input type="radio"/> Mild diffuse comfort <input type="radio"/> Severe aching of joints <input type="radio"/> Can't sit still c/o pain
<b>Runny Nose or Tearing</b>	
Runny Nose or Tearing	<input type="radio"/> Not present <input type="radio"/> Stuffy nose/Moist eyes <input type="radio"/> Runny nose/tearing eyes <input type="radio"/> Severe tears/ runny nose
<b>GI Upset</b>	
GI Upset	<input type="radio"/> No GI symptoms <input type="radio"/> Stomach cramps <input type="radio"/> Nausea or loose stool <input type="radio"/> Vomiting or diarrhea <input type="radio"/> Severe vomiting/diarrhea
<b>Tremor</b>	
Tremor	<input type="radio"/> No tremor <input type="radio"/> Tremor felt, not observed <input type="radio"/> Slight tremor observable <input type="radio"/> Gross tremor/Muscletwitch
<b>Yawning</b>	
Yawning	<input type="radio"/> No yawning <input type="radio"/> 1or2 yawns during assess <input type="radio"/> 2or3 yawns during assess <input type="radio"/> Yawning several times/min
<b>Anxiety or Yawning</b>	
Anxiety or Yawning	<input type="radio"/> None <input type="radio"/> Per pt > irritability/anx <input type="radio"/> Obvious irritable/anxious <input type="radio"/> Too irritable to assess
<b>Gooseflesh Skin</b>	
Gooseflesh Skin	<input type="radio"/> Skin is smooth <input type="radio"/> Hair standing up on arms <input type="radio"/> Prominent piloerection
<b>Total Score</b>	
Total Score	<input type="text"/>

PHYSICIAN'S ORDERS		Date INTERDISCIPLINARY PROGRESS NOTES	
Time	1. Admit to Inpatient. Notify MD upon admission. 2. Call home medication list to MD. 3. Preliminary Diagnosis:	DATE:	TIME:
Date	List Allergies:	PHYSICIAN CERTIFICATION OF THE LEVEL OF CARE	
	4. Activity level: Every 15 minutes -- visual monitoring for safety. 5. Regular diet unless otherwise specified. 6. <b>LABS</b> (following labs to be completed for <b>ALL</b> patients)	I certify that this patient's inpatient psychiatric hospital admission is medically necessary for treatment which can reasonably be expected to improve the patient's condition and/or for diagnostic study.	
	<input checked="" type="checkbox"/> Lipid Panel <input checked="" type="checkbox"/> Hgb A1C <input checked="" type="checkbox"/> Glucose <input checked="" type="checkbox"/> Triglycerides	Physician Signature:	
	<b>LABS</b> (if not done within last 30 days): <input type="checkbox"/> UA <input type="checkbox"/> DS - hold meds until collected		
Time	<input type="checkbox"/> Grav if less than 55 years old <input type="checkbox"/> CMPNL <input type="checkbox"/> TSH <input type="checkbox"/> H&H <input type="checkbox"/> CBC with diff <b>OR</b> <input type="checkbox"/> CBC without diff		
Date	<input type="checkbox"/> Serum: Lithium, Tegretol, Dilantin, Phenobarb, Depakote, Digoxin, Theophylline, or Tricyclic Antidepressants if patient currently taking.  <b>FOR ALCOHOL WITHDRAWAL</b> (if indicated) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ETOH <b>Check with physician for:</b> <input type="checkbox"/> Liver Panel <input type="checkbox"/> Vitamin B 12 FO <input type="checkbox"/> MG / Amylase / Lipase <input type="checkbox"/> CIWA Assessment every 2-4 hrs (while awake) for 72 hrs, then discontinue. <input type="checkbox"/> Lorazepam (Ativan) 1 mg PO/IM every 2 hours PRN if CIWA is 10 or greater x 24 hrs. Doctor will re-evaluate patient for further orders.		
Time	<input type="checkbox"/> Notify MD if temp above 100 deg F., BP above 160/100, Pulse above 120, Disorientation, Ataxia, Clouding of Consciousness, Severe Agitation, Nausea/Vomiting. <input type="checkbox"/> Folic Acid 1 mg PO daily. <input type="checkbox"/> Thiamine 100 mg PO daily. <input type="checkbox"/> Vitamin B6 100 mg PO daily.		
Date	<b>FOR OPIATE WITHDRAWAL:</b> (if indicated) <input type="checkbox"/> YES <input type="checkbox"/> NO COWS Assessment every 4-6 hours while awake. Clonidine 0.1 mg PO every 4 hrs PRN for COWS over 10 x 72 hrs. Doctor will re-evaluate patient for further orders. Check BP and pulse before each dose and do not give if patient is hypotensive BP less than 90/60, pulse less than 60.		
	TIME:		
	DATE:		
	SIGNATURE:		

**PHYSICIAN'S ORDERS**

**Date INTERDISCIPLINARY PROGRESS NOTES**

Time **MEDICATIONS:**

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Date NRT orders if patient smokes.  YES  NO

Acetaminophen (Tylenol) 650 mg every 4 hrs PRN for mild pain. (Maximum daily)  
(Maximum daily = 3000 mg/day).

Antacid 30 ml every 4 hours PRN for indigestion.

MOM Concentrate 10 ml PO at bedtime PRN for constipation.

**INTERVENTIONS:**

Group, individual, milieu and counseling as outlined by Plan of Care.

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TIME:

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DATE:

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SIGNATURE:

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Time

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Date

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Time

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Date

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PRINCETON COMMUNITY HOSPITAL -- PRINCETON, WV

Behavioral Health Pavilion of the Virginias  
**ADMISSION PREPRINTED ORDERS**

Addressograph