



INPATIENT PROGRAM STANDING ORDERS

Patient Name _____ DOB _____		
Diet Choices: Per nursing home regulations, residents will receive a REGULAR diet. Bailey-Boushay House Dietician will provide education regarding therapeutic diet recommendations.		Therapies: <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> PT <input type="checkbox"/> Speech <input checked="" type="checkbox"/> Recreation <input type="checkbox"/> Respiratory
Texture (Check one) <input type="checkbox"/> Regular <input type="checkbox"/> Dysphagia Advanced <input type="checkbox"/> Dysphagia Mechanically Altered <input type="checkbox"/> Dysphagia Pureed	Thin/Thickened Liquids? (Check one) <input type="checkbox"/> Thin <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon	
Follow Virginia Mason Medical Center/Bailey-Boushay House policies for care and management of the following, unless ordered otherwise. Central line/midline For all patients with central lines: Cathflo activase 2 mg intra-catheter solution. 2mg IV 4x/week PRN clogged line; may administer second dose in 2 hours if initial dose ineffective. Ostomy PEG/G-tube Foley and suprapubic catheters General wound care		
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. If there is a documented history of a past positive result, CXR to r/o active TB and monthly symptom checks will be ordered per protocol. Please note any history of TB or reactive PPD here.		
Vaccine History: Annual Flu Vaccine Date: _____ [During influenza season: current flu season vaccination unless contraindicated or already given.] Pneumococcal Vaccine PCV13 Date: _____ PPSV23 Date: _____ Tdap Vaccine Date: _____ COVID-19 Vaccine Brand: _____ Date(s): _____		
MD/ARNP Printed Name _____ DEA # _____ NPI # _____ MD/ARNP Signature _____ Date _____		