

Admission Orders to Little Haven PPECC

*Please attach a patient demographic form and H&P along with this order.

1. Patient Name: _____
2. DOB: _____
3. Center may administer medication to minor as ordered. Yes No
4. Dietary Needs: (please circle)
Diet: *Regular MechSoft Pureed Other:* _____
Fluids: *Thin Nectar Honey Pudding*
Enteral Orders:
Formula: _____ Rate: _____ mL/hr Continuous Bolus
H2O: Volume: _____ mL Frequency: every _____ hrs
5. Permitted Activities: (please circle)
Up as tolerated Transfer bed/chair Ambulate with assistance
Other: _____
Restrictions: _____
6. Therapies: (circle all that apply) *PT OT ST Homebound Teacher*
Other: _____
7. Transportation may be provided by Center if family chooses: Yes No
8. Other Services: _____

Physician Office Name: _____

Physician telephone number: (956)_____- _____ Emergency Number (956)_____- _____

Physician Printed Name: _____

Physician Signature: _____

Date: _____