



ADMISSION ORDERS

ALL ORDERS MUST BE SIGNED BY RESIDENT'S PHYSICIAN AND FAXED TO (808) 538-9616.

Resident's Name _____ Primary Physician _____

List All Current Medical Diagnoses Below:

Allergies (Include food, medication and environmental): _____

Mobility Status: Ambulatory Ambulatory with assistive devices Non-Ambulatory

Weight Parameters: The Plaza will weigh resident's every month and only notify physician if weights fall outside of standard parameters. The Plaza's standard weight parameters are as follows: 5% in one month; 7% in three months; 10% in six months
 Other parameters and/or frequency _____

Resident is free from communicable disease. Yes No

Diet: Please Check Applicable Diet- *(The Plaza only accepts the diets listed below.)*

Regular No Concentrated Sweets No added salt No Concentrated Sweets & No Added Salt

If Hypertensive,

Check BP every Month Week Day Other: _____

(Resident's that self-mediate will be responsible for providing their own BP checks except for once per month)

Notify PCP if BP parameters are: SBP > ____ & < ____ DBP > ____ & < ____

(The Plaza's standard BP parameter is to notify the resident's PCP for any SBP>180 & <80 and any DBP>110 & <50)

If Diabetic,

Blood Sugar Checks: NO Monthly Weekly Daily Other: _____

(Residents who self medicate will conduct their own blood sugar checks)

Blood Sugar parameters: Blood sugars should be < _____ & > _____

(The Plaza's standard blood sugar parameters is to notify the resident's primary care physician for any blood sugar >300 and <70)

