Unique Plan Description: Acute Rehab Admission
Plan Selection Display: Acute Rehab Admission
PlanType: Medical
Version: 37
Begin Effective Date: 02/25/2026 02/25/2026 13:30
End Effective Date: Current
Available at: ***EMMC***
TAMC - THE AROO
Plan Comment:
Acute Rehab Admission

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Admit/Dischg/Transfer

- [x] Admission Order (DX)
  Patient Placement Rehab
  For all NLH Hospitals: Click on link to view Trigger Tool document and/or refer to Goals of Care - Life Plan note(NOTE)*

Code Status

- [x] Code Status and Treatment Restrictions

Vital Signs

- [ ] Vital Signs
  Every 12 Hours, and as needed per patient condition
- [ ] Neuro Checks
  Every 12 Hours, and as needed per patient condition

Activity

- [ ] Activity
- [ ] Precautions
  Swallowing/Aspiration Precautions (DEF)*
  Contact Precautions
  Fall Risk Precautions
  Other Precautions(see comments), Right leg weight bearing %.
  Other Precautions(see comments), Left leg weight bearing %.
  Other Precautions(see comments)
- [ ] May Shower

Diet

- [ ] Diet
  Regular Diet (DEF)*
  Cardiac Diet
  Diabetes Diet
  Pureed/IDDSI4 Consistency
  Post Surgical Light Diet
  NPO

Continuous Tube Feedings

- [ ] Tube Feeding-Adult Continuous
  via G-Tube Surgically Placed, Special Instructions: Check residuals every 4 hours (DEF)*
  via NG-Tube (Salem Sump), Special Instructions: Check residuals every 4 hours
  via J-Tube Surgically Placed
  via Small Bore Feeding Tube
- [ ] Free Water
  30 mL, Every 6 Hour Interval
- [ ] Tube Feeding Additives
- [ ] Tube Feeding Additives

Bolus Tube Feedings

- [ ] Tube Feeding-Adult Bolus
- [ ] Free Water
  30 mL, Every 6 Hour Interval
- [ ] Tube Feeding Additives
- [ ] Tube Feeding Additives

Supplemental Tube Feeding

- [ ] Tube Feeding-Adult Bolus

Other (Fill in Special Instructions), Tube Feeding Additives: PROSource

Patient Care

- [x] JPP Acute Rehab(SUB)*
- [x] JPP Med-Surg Adult(SUB)*
- [x] JPP Respiratory Therapy Adult(SUB)*
- [x] JPP Nurse Directed Patient Care(SUB)*
- [x] JPP Nutrition Services(SUB)*
- [x] Dosing Weight
  ONCE, Dosing weight on admission to unit
- [ ] Daily Weights
  Start: T+1;0500, Every 24 Hour Interval (DEF)*
  Start: T+2;0500, Every 48 Hour Interval
- [ ] Intake & Output (I&O)
  Every 8 Hours
- [ ] Bowel Program
  PRN, Constipation, Commode for bowel program
- [ ] Bladder Scan
  PRN Urine Retention
  Comments: For Acute urinary retention: Voiding with PVR 150 - 500 mL: Scan in 6 hours. Voiding with PVR greater than 500 mL: Scan in 4 hours. Unable to void, removed 300-500 mL via straight cath: Scan in 6 hours. Unable to void, removed greater than 500 mL via straight cath: Scan in 4 hours. Discontinue scanning when bladder scan less than 150 mL for 3 consecutive scans and patient voiding more than 180 mL in 5 hours.
- [ ] Bladder Program (Intermittent Catheterization Program) (DEF)*
  Remove indwelling Foley catheter if present
- [ ] Ice Pack
  PRN Other(comment), Pain/swelling
- [ ] Heat Application
  PRN Pain, Do not apply over Lidoderm patch
- [ ] Incentive Spirometry
  Every 1 Hour Interval, PRN, While awake; Prevention of atelectasis
- [ ] Mechanical Cough Assist
  Four Times Daily, and PRN, congestion, as per RT eval
- [ ] Quad Cough
  Four Times Daily, and PRN, congestion, as per RT eval
- [ ] Specialty Mattress
  Mattress Type: Air
  Comments: For patients with any of the following: pressure injury on skin surface, excessive moisture, limited sensory perception, limited mobility, Paraplegia, Tetraplegia Exclusions: Unstable Spine
- [ ] Positioning
  PRN, Prevent Skin Breakdown, Turn every 2 hours
- [ ] Catheter Care
  Every 12 Hours, 30 Days
- [ ] Line/Catheter Care (Nsg)
  Central Line, Weekly Intervals, 30 Days
- [ ] Line/Catheter Care (Nsg)
  PICC Line, Weekly Intervals, 30 Days
- [ ] Trach Care (Nsg)
  Every 12 Hours, 30 Days
- [ ] Maintain Tube
  Every 12 hours, 30 Days
- [ ] Compression Stocking TED's
  30 Days, Daily, When working with Therapy and out of bed
- [ ] Abdominal Binder Application

Daily, 30 Days, When working with Therapy and out of bed (DEF)*
Daily, 30 Days, To protect/cover Peg Tube

☐ Sequential Compression Device (SCD)
30 Days, At bedtime

☐ Wound Care/Dressing Change

☐ Notify If
Schedule, Family conference within one week

Medications

Antiemetics

☐ Alcohol Wipe Sniff
PRN, Nausea, May be used at any time for any age for post-op nausea and vomiting; May be used alone, in combination, or in addition to drug therapy

☐ Sea Band Acupressure Wristband
PRN, Nausea, to P6 point on wrist; May be used any time for any age for post-op nausea and vomiting; May be used alone, in combination, or in addition to drug therapy

☐ Zofran
4 mg, Disintegrating Tablet, PO, Every 6 Hours, PRN, Nausea and/or Vomiting (DEF)*
Comments: If multiple antiemetics are ordered use in the following order: ondansetron first, if ineffective give promethazine second. Oral route is preferred.
4 mg, Soln, IV Push, Every 6 Hours, PRN, Nausea and/or Vomiting
Comments: Give if NPO or not tolerating PO/enteral. If multiple antiemetics are ordered use in the following order: ondansetron first, if ineffective give promethazine second. Oral route is preferred.

☐ Phenergan
12.5 mg, Tab, PO, Every 4 Hours, PRN, Nausea and/or Vomiting (DEF)*
Comments: If multiple antiemetics are ordered use in the following order: ondansetron first, if ineffective give promethazine second. Oral route is preferred.
12.5 mg, Supp, RECTAL, Every 4 Hours, PRN, Nausea and/or Vomiting
Comments: Give if NPO or not tolerating PO/enteral. If multiple antiemetics are ordered use in the following order: ondansetron first, if ineffective give promethazine second. Oral route is preferred.

Insomnia

☐ melatonin
3 mg, Tab, PO, Bedtime, PRN, Sleep
Comments: If multiple agents are ordered for insomnia, start with melatonin; If melatonin ineffective, give Desyrel

☐ Desyrel
25 mg, Tab, PO, Bedtime, PRN, Insomnia
Comments: If multiple agents are ordered for insomnia, start with melatonin; If melatonin ineffective, give Desyrel

Pain-Mild (Pain Score: 1 - 3)

☐ Tylenol
650 mg, Tablet, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), Indication: Adjuvant Analgesic
Comments: If multiple analgesics are ordered start with acetaminophen PO; If NPO or unable to tolerate PO/enteral, give acetaminophen per rectum. May be given concurrently with tramadol.

☐ Tylenol
650 mg, Supp, RECTAL, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), Indication: Adjuvant Analgesic
Comments: If multiple analgesics are ordered start with acetaminophen PO; If NPO or unable to tolerate PO/enteral, give acetaminophen per rectum. May be given concurrently with tramadol.

Miscellaneous

☐ Apresoline
10 mg, Tab, PO, Every 6 Hours, PRN, Hypertension, Hold for SBP ___ (see comments)
Comments: PRN systolic blood pressure greater than 160 mmHg or diastolic blood pressure greater than 100 mmHg

☐ hydrOXYzine
25 mg, Tab, PO, Every 4 Hours, PRN, Agitation and/or Anxiety

☐ Robaxin

500 mg, Tab, PO, Every 12 Hours, PRN, Muscle Spasm

☐ Colace
100 mg, Cap, PO, Twice Daily, PRN, Constipation
Comments: Bowel Program; May be given concurrently or in alternating doses with Senokot, polyethylene glycol and bisacodyl

☐ senna
8.6 mg, Tab, PO, Twice Daily, PRN, Constipation
Comments: Bowel Program; May be given concurrently or in alternating doses with docusate, polyethylene glycol and bisacodyl

☐ MiraLax
17 gm, Powder, PO, Daily, PRN, Constipation
Comments: Bowel Program; May be given concurrently or in alternating doses with docusate, Senokot and bisacodyl

☐ Dulcolax Laxative
10 mg, Supp, RECTAL, Daily, PRN, Constipation
Comments: Give if PO laxatives ineffective or no bowel movement for 3 days or greater; May be given concurrently or in alternating doses with docusate, Senokot and polyethylene glycol

☐ lidocaine 2% urojet
mL, Gel with Applicator, URETHRAL, Three Times Daily, PRN, Urinary Catheter Insertion
Comments: If catheterization painful

☐ nitroglycerin 2% transdermal ointment
1 Inch, Ointment, TOPICAL, Every 30 Minute Interval, PRN, Other(comment), HOLD for SBP ___ (see comments), Autonomic Dysreflexia
Comments: Nursing to follow the Acute Rehab Autonomic Dysreflexia Protocol for management of Autonomic Dysreflexia: • For Systolic BP greater than 150 mmHg apply nitroglycerin ointment 1 inch topically x 1. • Monitor BP every 15 minutes. • If elevated systolic BP continues, apply one additional inch of nitroglycerin ointment to equal 2 inches. • Remove nitroglycerin ointment when systolic BP less than 130. • Prior to administration of any nitrates, determine if patient has used sildenafil (or other medications for erectile dysfunction) in the last 48 hours. • Nitrate use is contraindicated when a person has taken sildenafil (or another erectile dysfunction medication).

☐ Lidoderm topical 5% patch
1 Patch, Patch, TRANSDERMAL, Daily, PRN, Pain

☐ Tums
500 mg, Chew tab, PO, Every 8 Hours, PRN, Indigestion

Pain-Moderate (Pain Score: 4 - 6)

☐ Ultram
25 mg, Tab, PO, Every 8 Hours, PRN, Pain-Moderate (Pain Score: 4 - 6), Indication: Adjuvant Analgesic
Comments: If acetaminophen ineffective, give tramadol. May be given concurrently with acetaminophen. Notify provider if pain relief not achieved with tramadol.

Laboratory

☐ Platelet Count (PLT)
BLOOD, Timed Study, MWF

Labs AM

☐ Basic Metabolic Panel
BLOOD, AM Tomorrow, Start: T+1;0545

☐ CBC with Differential
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Comprehensive Metabolic Panel
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Hepatic Function Panel
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Magnesium Level
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Prealbumin
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Phosphorus Level
BLOOD, AM Tomorrow, Start: T+1;0545

☐ PT (Protime) INR

BLOOD, AM Tomorrow, Start: T+1;0545

☐ Urinalysis with Culture if Indicated
AM Tomorrow, Start: T+1;0545

Labs Weekly (Monday)

☐ CBC with Differential
BLOOD, Routine, Weekly-MON

☐ Basic Metabolic Panel
BLOOD, Routine, Weekly-MON

☐ Comprehensive Metabolic Panel
BLOOD, Routine, Weekly-MON

☐ Magnesium Level
BLOOD, Routine, Weekly-MON

☐ Prealbumin
BLOOD, Routine, Weekly-MON

Additional Labs for Dialysis Patients

☐ Hepatitis B Surface Antibody
BLOOD, Routine

☐ Hepatitis B Surface Antigen
BLOOD, Routine

☐ Hepatitis B Core Antibody Total IgG/IgM
BLOOD, Routine

Tests/Procedures

☐ CV ECG
Priority Routine

☐ VL Duplex Extremity Veins Lower BILAT 93970
Routine

☐ US Extremity Artery Lower BILAT 93925
Routine

☐ US Extremity Artery Upper BILAT 93930
Routine

Consults

☐ AMB Referral to Neuropsychology
Referral Reason: Neuropsychology Eval, Call MROC office to schedule

☐ Occupational Therapy Evaluation and Treatment IRF
Optimize functional independence, Evaluate patient, develop plan of care, implement plan

☐ Physical Therapy Evaluation and Treatment IRF
Optimize functional independence, Evaluate patient, develop plan of care, implement plan

☐ Speech Language Pathology Evaluation and Treatment IRF
Evaluate patient, develop plan of care, implement plan

☐ Speech Therapy Evaluation (ST)
Cognition/Perception

☐ Speech Language Pathology Bedside Swallow Evaluation
For evaluation and treatment

☐ Respiratory Eval and Treat (RT)
ONCE

☐ Blood Management Evaluation

☐ Pharmacy Consult - Miscellaneous

☐ Orthotics/Prosthetics

☐ Spiritual Consult

☐ INP Acadia Consult

☐ INP Osteopathic Manipulative Medicine

☐ INP Physician Consult

☐ INP Social Work Consult
SW/Social Issue/Emotional Support (DEF)*
Insurance Questions

☐ INP Activities Therapist Consult
For evaluation and treatment. Activities on unit with activities coordinator. Community re-entry with Activities Coordinator PRN. (DEF)*
Community re-entry with Activities Coordinator as needed.

☐ Nutrition Assessment/Evaluation
Reason for Assessment: Optimize nutrition, tube feeds

☐ INP Ostomy-Wound Consult
Evaluation of Wound/Ostomy

Non Categorized

☑ VTE Prophylaxis Advisor
Medical

☑ Provider Communication
Nurse may Initiate Planned PowerPlan upon patient arrival

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase