Rainy Lake MEDICAL CENTER
In association with SMDC Health System

Physician Order Sheet - Swing Bed

Original Date		Revision Date		Withdrawn Date	

1. Admit to Swing Bed
2. Allergies: _____
3. Dx _____ 4. Diet _____
5. Medications

Drug	Dose	Route	Frequency

Drug	Dose	Route	Frequency

6. Treatments: _____
7. Activities. May participate in activity program as designated by the activity coordinator. _____
8. Code Status _____ **9.** Rehab Potential _____
9. I have reviewed the patient's complete medical status with the patient and he/she understands.

☐ Yes ☐ No - If no or contraindicated, document a progress note.

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER