## Physician Orders ADULT

**Order Set: Bronchoscopy Post Procedure Orders**

**[R]** = will be ordered  
**T** = Today; **N** = Now (date and time ordered)

<table>
<thead>
<tr>
<th>Height: cm</th>
<th>Weight: kg</th>
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### Allergies:

- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

### Admission/Transfer/Discharge

- [ ] Admit Patient to Dr. **__________**
- [ ] Admit Status: [ ] Inpatient  [ ] Outpatient  [ ] Observation
- **NOTE to MD: Inpatient** - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care
- **Outpatient** - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area
- **Observation** - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up

### Bed Type:

- [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry

### Vital Signs

- [ ] Vital Signs **T;N**, Monitor and Record T,P,R,BP, q15min, For 1 hr, then q1h X 2 hr
- [ ] Vital Signs **T;N+180**, Monitor and Record T,P,R,BP, q8h(std)

### Food/Nutrition

- [ ] NPO Start at: **T;N**
- [ ] Regular Adult Diet Start at: **T;N+120**, Comment: X 2 hours post bronchoscopy
- [ ] American Diabetic Association Adult Diet (ADA Diet Adult) Start at: **T;N+120**
- [ ] American Heart Association Diet (AHA Diet) Start at: **T;N+120**
- [ ] Clear Liquid Diet Start at: **T;N+120**
- [ ] Sodium Control Diet Start at: **T;N+120**
- [ ] Advance Diet As Tolerated

### Activity

- [ ] Nursing Communication **T;N**, once patient meets criteria post bronchoscopy, return to SDS or floor

### Respiratory Care

- [ ] Nasal Cannula (O2-BNC) **T;N**, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 92%
- [ ] Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT)) **T;N q4h(std)**, Special Instructions: to keep O2 sat =/> 92%
- [ ] Oxygen Saturation-Spot Check (RT) (O2 Sat-Spot Check (RT)) **T;N q-shift**

### Continuous Infusions

### Medications

- [ ] codeine 30 mg, Tab, PO, q3h, PRN Cough, Routine, **T;N** (24 hr)
- [ ] albuterol 2.5 mg, Inh Soln, NEB, q4h, PRN Wheezing, Routine, **T;N**
- [ ] ondansetron 4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
**Physician Orders ADULT**

**Order Set: Bronchoscopy Post Procedure Orders**

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<table>
<thead>
<tr>
<th>Medications for DVT Prophylaxis</th>
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<tbody>
<tr>
<td>[ ] VTE Prophylaxis (MEDICAL) Orders</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
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<tbody>
<tr>
<td>Diagnostic Tests</td>
</tr>
<tr>
<td>[ ] Chest 1VW Frontal</td>
</tr>
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<table>
<thead>
<tr>
<th>Consults/Notifications</th>
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</thead>
<tbody>
<tr>
<td>[ ] Notify Physician-Continuing</td>
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<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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PULM Bronchoscopy Post Procedure - 21702-QM1108 Ver4 071211  Page 2 of 2
**Physician Orders-ADULT**  
**VTE Medical Prophylaxis Orders**

[R] = will be ordered  
T = Today; N = Now (date and time ordered)  
Height: ___________ cm  Weight: ___________ kg  

### Allergies:  
- [ ] Medication allergy(s): ____________________________ 
- [ ] Latex allergy  
- [ ] Other: ________________________________________  

**NOTE:** Medical Risk Factor Assessment, Bleeding Risk Factor Assessment and Mechanical Device (SCD) Contraindication Assessment criteria is listed below VTE orders.

### VTE ORDERS

**If Bleeding Risk is Present, place SCD order below:**  
- [ ] Sequential Compression Device  
  T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present

**If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:**  
- [ ] Heparin  
  5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.  
- [ ] Heparin  
  5,000 units, Injection, subcutaneous, q8h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.

**OR**  
- [ ] Enoxaparin  
  40 mg, Injection, Subcutaneous, Qday, Routine, T;N, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Pharmacist may adjust administration times after first dose.

**AND BOTH CBCs:**  
- [ ] CBC w/o Diff Routine  
  Routine, T;N, once, Type: Blood,  
- [ ] CBC w/o Diff Time Study  
  Routine, T+2:0400, QODay, Type: Blood

**Do Not Administer VTE Prophylaxis:**  
- [ ] Contraindication-VTE Prophylaxis  
  T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. **Consider early ambulation.**

**MEDICAL RISK FACTOR ASSESSMENT:** This is a partial list of medical risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

- [ ] Prolonged immobilization, paralysis, or bed rest ordered  
- [ ] ICU patient  
- [ ] Sepsis diagnosis or Active Infection  
- [ ] Active inflammatory bowel disease  
- [ ] Cancer and/or presence of malignancy  
- [ ] Heart Failure  
- [ ] Respiratory Disease (COPD or Pneumonia)  
- [ ] Ischemic Stroke (non-hemorrhagic)  
- [ ] Prior history of VTE or Pulmonary Embolism  
- [ ] Age greater than 45  
- [ ] Morbid Obesity (BMI greater than 35)  
- [ ] Central Line or PICC Line  
- [ ] Current treatment with estrogens (Oral contraceptives; Hormone Replacement Therapy)  
- [ ] Hereditary clotting disorder  
- [ ] Pregnancy with diagnosed clotting disorder or Antiphospholipid Syndrom diagnosis  
- [ ] Nephrotic Syndrome  
- [ ] No medical risk factors exist
Physician Orders-ADULT
VTE Medical Prophylaxis Orders

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### BLEEDING RISK FACTOR ASSESSMENT
This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

- [ ] Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy
- [ ] Active bleeding
- [ ] INR greater than 1.5 and patient NOT on warfarin therapy
- [ ] INR greater than 2 and patient ON warfarin therapy
- [ ] Transplant patients with platelet count less than 100,000
- [ ] Platelet count less than 50,000 (applies to patients with no history of transplant procedures)
- [ ] Solid organ transplant during this episode of care OR within 30 days of admission
- [ ] Documented bleeding or Coagulopathy disorder
- [ ] Hemorrhagic Stroke within 6 weeks of admission
- [ ] Severe Uncontrolled Hypertension
- [ ] Recent Intraocular or Intracranial surgery
- [ ] Vascular Access or Biopsy sites inaccessible to hemostatic control
- [ ] Recent Spinal Surgery
- [ ] Epidural or Spinal Catheter
- [ ] Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)
- [ ] Heparin Induced Thrombocytopenia (HIT)
- [ ] Heparin allergy or pork allergy
- [ ] No Bleeding Risk Factors exists

### MECHANICAL DEVICE (SCD) CONTRAINDICATION ASSESSMENT

- [ ] Known or suspected deep vein thrombosis or pulmonary embolism
- [ ] Acute stages of inflammatory phlebitis process
- [ ] Disruptions in lower extremity skin integrity (surgical incision, recent skin graft, dermatitis, etc.)
- [ ] Arterial occlusion
- [ ] Instances where increased venous or lymphatic return is undesirable
- [ ] Massive lower extremity edema
- [ ] Unable to place device

Date ______________________ Time ______________________ Physician’s Signature ______________________ MD Number ______________________