

# Physician Orders ADULT Order Set: Colitis Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

|  |  |   |
|--|--|---|
| <b>Allergies:</b>  |  | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> Medication allergy(s): _____  |  |   |
| <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____   |  |   |
| <b>Admission/Transfer/Discharge</b>  |  |   |
| <input type="checkbox"/>   | Patient Status Initial <b>Inpatient</b>              | Attending Physician: _____                  |
| Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other  |  |   |
| <input type="checkbox"/>   | Patient Status Initial <b>Outpatient</b>             | Attending Physician: _____                  |
| Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services  |  |   |
| <b>NOTE to MD:</b>   |  |   |
| <u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.  |  |   |
| <u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.<br><ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.</li> <li>• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul> |  |   |
| <u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours<br><ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>  |  |   |
| <input type="checkbox"/>   | Notify physician once                                | T;N, of room number on arrival to unit      |
| Primary Diagnosis: _____   |  |   |
| Secondary Diagnosis: _____   |  |   |
| <b>Vital Signs</b>   |  |   |
| <input type="checkbox"/>   | Vital Signs  | T;N, Monitor and Record T,P,R,BP            |
| <b>Activity</b>  |  |   |
| <input type="checkbox"/>   | Bedrest  | T;N   |
| <input type="checkbox"/>   | Bedrest w/BRP  | T;N   |
| <input type="checkbox"/>   | Out Of Bed   | T;N, With Assistance                        |
| <input type="checkbox"/>   | Out Of Bed   | T;N, Up Ad Lib                              |
| <b>Food/Nutrition</b>  |  |   |
| <input type="checkbox"/>   | NPO  | Start at: T;N                               |
| <input type="checkbox"/>   | Low Residue Diet                                     | Start at: T;N                               |
| <input type="checkbox"/>   | Regular Adult Diet                                   | Start at: T;N                               |
| <input type="checkbox"/>   | Clear Liquid Diet                                    | Start at: T;N                               |
| <input type="checkbox"/>   | <b>1800 Calorie ADA Diet (ADA Diet 1800 Calorie)</b> |   |
| <input type="checkbox"/>   | American Heart Association Diet                      | Start at: T;N                               |
| <b>Patient Care</b>  |  |   |
| <input type="checkbox"/>   | IV Insert/Site Care                                  | T;N,q4day                                   |
| <input type="checkbox"/>   | Intake and Output                                    | T;N   |
| <input type="checkbox"/>   | Indwelling Urinary Catheter Insert                   | T;N   |
| <input type="checkbox"/>   | Indwelling Urinary Catheter Care                     | T;N   |
| <input type="checkbox"/>   | Daily Weights  | T;N, qam                                    |



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| Continuous Infusions     |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | Sodium Chloride 0.45% with KCl 20 mEq                           | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| <input type="checkbox"/> | Sodium Chloride 0.9% (NS)                                       | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| <input type="checkbox"/> | Lactated Ringers  | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| <input type="checkbox"/> | Dextrose 5% with 0.45% NaCl                                     | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| <input type="checkbox"/> | potassium chloride (D5 1/2 NS KCl 10 mEq/L)                     | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| <input type="checkbox"/> | D5W KCl 20 mEq  | 1,000 mL, IV, Routine, 75 mL/hr                                      |
| Medications              |   |  |
| <input type="checkbox"/> | mesalamine (Asacol)   | 1,200 mg, EC Tablet, PO, tid, Routine                                |
| <input type="checkbox"/> | predniSONE  | 40 mg, Tab, PO, QDay, Routine  |
| <input type="checkbox"/> | ampicillin-sulbactam  | 1.5 g, Injection, IV Piggyback, q4h, Routine                         |
| <input type="checkbox"/> | metroNIDAZOLE   | 500 mg, IV Piggyback, IV Piggyback, q6h, Routine                     |
| <input type="checkbox"/> | sulfasalazine   | 1 g, Tab, PO, tid, Routine   |
| <input type="checkbox"/> | ciprofloxacin   | 500 mg, Tab, PO, bid, Routine  |
| <input type="checkbox"/> | ciprofloxacin   | 500 mg, Tab, PO, bid, Routine  |
| <input type="checkbox"/> | metroNIDAZOLE   | 500 mg, Tab, PO, q6h, Routine  |
| <input type="checkbox"/> | vancomycin  | 125 mg, Oral Susp, PO, q6h, Routine                                  |
| <input type="checkbox"/> | famotidine  | 20 mg, Injection, IV Push, q12h, Routine                             |
| <input type="checkbox"/> | esomeprazole  | 40 mg, Cap, PO, QDay, Routine  |
| <input type="checkbox"/> | esomeprazole  | 40 mg, Injection, IV Push, QDay, Routine                             |
| <input type="checkbox"/> | methylPREDNISolone (SOLUMedrol)                                 | 40 mg, Injection, IV, q12h, Routine                                  |
| Laboratory               |   |  |
| <input type="checkbox"/> | WBC Stool - Ped   | T;N,Routine,once,Type: Stool,Nurse Collect                           |
| <input type="checkbox"/> | Stool Culture (Culture, Stool)                                  | T;N, Routine, Specimen Source: Stool, Nurse Collect                  |
| <input type="checkbox"/> | Clostridium Difficile Toxin Assay A&B                           | T;N,Routine,once,Type: Stool,Nurse Collect                           |
| <input type="checkbox"/> | CBC   | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Prothrombin Time (PT)   | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Partial Thromboplastin Time (PTT)                               | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Hepatitis Profile (A,B & C) (Acute Hepatitis Profile (A,B & C)) | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Comprehensive Metabolic Panel (CMP)                             | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Basic Metabolic Panel (BMP)                                     | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | C-Reactive Protein  | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Prealbumin  | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Amylase Level   | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Lipase Level  | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Hepatic Panel   | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Magnesium Level   | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Phosphorus Level  | T;N,Routine,once,Type: Blood   |
| <input type="checkbox"/> | Urinalysis  | T;N,Routine,once,Type: Urine,Nurse Collect, Comment: Clean catch     |
| <input type="checkbox"/> | Urinalysis w/Reflex Microscopic Exam                            | Routine, T;N, once, Type: Urine, Nurse Collect, Comment: Clean catch |



attach patient label here

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| Diagnostic Tests         |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | CT Abdomen W Cont  | T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Colitis,Routine,Stretcher |
| <input type="checkbox"/> | CT Pelvis W Cont   | T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Colitis,Routine,Stretcher |
| <input type="checkbox"/> | <b>CT Abdomen and Pelvis W Cont</b>  |   |
| <input type="checkbox"/> | Chest 2VW Frontal & Lat  | T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Colitis,Routine,Stretcher |
| <input type="checkbox"/> | Bowel Sm W Mult Serial Films   | T;N, Reason for Exam: Colitis, Routine, Stretcher                                     |
| <input type="checkbox"/> | <b>Contrast Enema W/VO KUB During Hours (Barium Enema W/VO KUB During Hours)</b> |   |
| <input type="checkbox"/> | GI Lab Request To Schedule   | T;N, Routine, Comment: EGD, Reason: Colitis   |
| <input type="checkbox"/> | GI Lab Request To Schedule   | T;N, Routine, Comment: Flexible Sigmoid Colonoscopy                                   |
| Consults/Notifications   |  |   |
| <input type="checkbox"/> | Dietitian Consult  | T;N   |

|      |      |                       |           |
|------|------|-----------------------|-----------|
|      |      |                       |           |
| Date | Time | Physician's Signature | MD Number |