



Physician Orders ADULT
Order Set: Ischemic Ulceration/Gangrene (Chronic)
Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient to Dr. _____	
	Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> 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: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Notify physician once _____ T;N, of room number on arrival to unit	
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<input type="checkbox"/>	Vital Signs _____ T;N, per Routine	
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated) _____ T;N	
Food/Nutrition		
<input type="checkbox"/>	NPO _____ Start at: T;N, Instructions: NPO except for medications	
<input type="checkbox"/>	1800 Calorie ADA Diet Orders (see below)	
<input type="checkbox"/>	ADA Diet Adult _____ Start at: T;N, 1800 Calorie	
<input type="checkbox"/>	Snack Rotation _____ Start at: T;N, Item: HS Snack rotation, Frequency: hs	
<input type="checkbox"/>	American Heart Association Diet _____ Start at: T;N, 2 gm	
Patient Care		
<input type="checkbox"/>	Intake and Output _____ T;N, q-shift	
<input type="checkbox"/>	Daily Weights _____ T+1;0600, qam	
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert) _____ T;N	
<input type="checkbox"/>	Heelbos Apply _____ T;N	
<input type="checkbox"/>	Ankle Brachial Index Assess _____ T;N	
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula) _____ T;N, 2 L/min, Special Instructions: titrate O2 to keep O2 sat greater than or equal to 92%	
Continuous Infusions		
<input type="checkbox"/>	potassium chloride (D51/2 NS KCl 20 mEq) _____ 1,000 mL, IV, Routine, T;N, 50 mL/hr	





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Medications		
<input type="checkbox"/>	Radiocontrast Nephropathy Prophylaxis (RCN) Protocol (see orderset below)	
<input type="checkbox"/>	Heparin Non-VTE Protocol Orders (see order set below)	
<input type="checkbox"/>	VTE Prophylaxis (SURGICAL)	
<input type="checkbox"/>	cefazolin	1 g, IV Piggyback, IV Piggyback, q8h, Routine
<input type="checkbox"/>	Vancomycin Orders (see below)	
<input type="checkbox"/>	Trough Level - Nurse To Order	T;N, Drug: Vancomycin, Draw: Prior to Third Dose
<input type="checkbox"/>	vancomycin	1.5 g, Injection, IV Piggyback, once, Routine, T;N
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q12h, Routine
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q24h, Routine
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q48h, Routine
<input type="checkbox"/>	vancomycin	500 mg, Injection, IV Piggyback, With Dialysis, Routine
<input type="checkbox"/>	Pharmacy Consult-Vancomycin Dosing	T;N
<input type="checkbox"/>	metronidazole	500 mg, IV Piggyback, IV Piggyback, q6h, Routine
<input type="checkbox"/>	ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, q12h, Routine, T;N
Laboratory		
<input type="checkbox"/>	CBC	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Wound Culture	T;N, Routine, Nurse Collect



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Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Routine, Stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine, Transport: Stretcher
Treadmill Stress Test Orders (see below)		
Note: You MUST Select one order from the first 5 listed. All of the rest of the following orders must be selected to complete this careset.		
<input type="checkbox"/>	Delay Diet	T;N, Delay diet for NM Myocardial Perf SPECT Mult Study
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult T;N, Reason for Exam: Chest Pain, Drug Type: Non-Specified, Stretcher Study (Cardiac Stress Test - Non-Specified)	
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult T;N, Reason for Exam: Chest Pain, Drug Type: Adenosine, Stretcher Study (Cardiac Stress Test - Adenosine)	
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult T;N, Reason for Exam: Chest Pain, Drug Type: Dobutamine, Stretcher Study (Cardiac Stress Test - Dobutamine)	
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult T;N, Reason for Exam: Chest Pain, Drug Type: Persantine, Stretcher Study (Cardiac Stress Test - Persantine)	
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult T;N, Reason for Exam: Chest Pain, Drug Type: None, Stretcher Study (Cardiac Stress Test - No Drug)	
<input type="checkbox"/>	NM Myocardial Perf w Ejection Fraction	T;N, Reason for Exam: Chest Pain, Stretcher
<input type="checkbox"/>	NM Myocardial Perf w Wall Motion	T;N, Reason for Exam: Chest Pain, Stretcher
<input type="checkbox"/>	Treadmill Exercise for Stress Test	T;N, Reason for Exam: Chest Pain/Angina/MI, Priority: Routine
Consults/Notifications		

Date

Time

Physician's Signature

MD Number



Physician Orders

Care Set: Radiocontrast Nephropathy Prophylaxis (RCN) Protocol

attach patient label here

[X or R] = will be ordered unless marked out.

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[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

RCN Protocol Standard Orders

NOTE:	Risk factors: Diabetes, Heart Failure, Age greater than 75 years, SCr greater than 1.5 mg/dL or Estimated GFR less than 60 mL/min
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RCN Protocol Standard Pre Procedure Orders

[]	Dextrose 5% in Water 1,000 mL + sodium bicarbonate (additive) 150 mEq	150mEq/1,000mL, IV, routine, T;N, (1 hr), 3mL/kg/hr, Comment: Infuse at 3mL/kg/hr over 1 hour prior to procedure
[]	Sodium Chloride 0.9%	1,000mL, IV, routine, T;N, (12 hr), 1mL/kg/hr, Comment: Infuse at 1mL/kg/hr prior to procedure
[]	Sodium Chloride 0.45%	1,000mL, IV, routine, T;N, (12 hr), 1mL/kg/hr, Comment: Infuse at 1mL/kg/hr prior to procedure

RCN Protocol Standard Post Procedure Orders

[]	Dextrose 5% in Water 1,000 mL + sodium bicarbonate (additive) 150 mEq	150mEq/1,000mL, IV, routine, T;N, (6 hr), 1mL/kg/hr; Comment: Infuse at 1mL/kg/hr
[]	Sodium Chloride 0.9%	1,000mL, IV, routine, T;N, (12 hr), 1mL/kg/hr; Comment: Infuse at 1mL/kg/hr
[]	Sodium Chloride 0.45%	1,000mL, IV, routine, T;N, (12 hr), 1mL/kg/hr; Comment: Infuse at 1mL/kg/hr

Date

Time

Physician's Signature

MD Number





Physician Orders ADULT

Order Set: Heparin Non Protocol Infusion Orders

NOTE: This Order Set is not to be used for stroke patients.

R = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
ATTENTION: This is NOT the standard heparin P&T protocol. These orders are required when P&T Standard Heparin Protocol is not ordered. To obtain the standard protocol, see either the "Heparin VTE Protocol Orders" set or the "Heparin Non-VTE Protocol Order"		
<input type="checkbox"/>	Heparin Non Protocol Infusion Orders Initiate	T;N
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, Discontinue all other forms of Heparin(enoxaparin/dalteparin/fondaparinux). If patient on full dose anticoagulation, delay Heparin bolus or infusion for 12 hrs after last dose. If patient is on prophylactic Heparin doses, no delay is necessary.
<input type="checkbox"/>	Nursing Communication	T;N, Change order for aPTT to qam after Heparin infusion begun and therapeutic range achieved.
<input type="checkbox"/>	Nursing Communication	T;N, If patient has IM injection orders, call MD for clarification (IM injections not recommended while on Heparin(may vaccinate if aPTT less than 110 seconds.)
<input type="checkbox"/>	Nursing Communication	T;N, Do not interrupt Heparin infusion to collect labs nor collect from Heparin infusion IV line or distally. Start second IV line access (INT) for blood draws if necessary.
<input type="checkbox"/>	Nursing Communication	T;N, Update Heparin Protocol Flow Record - all aPTT and platelet values, boluses, rates and changes.
Continuous Infusions		
NOTE: Please specify initial infusion rate and goal aPTT range in order comments on the order below: Reference		
<input type="checkbox"/>	heparin (heparin 20,000 units/D5W infusion)	20,000 units / 500 mL, IV, Routine,T;N, titrate Comment: Give bolus prior to start of infusion if ordered. If weight greater than 58kg, starting rate=25mL/hr, then titrate per PTT chart. If weight less than 58kg, starting rate=weight(kg)/2.3, then titrate per PTT chart; *PTT(sec)* *Rate Change(mL/hr)*
	aPTT Range	Action
	less than goal range	increase rate by 3mL/hr and repeat aPTT in 6 hrs
	If within goal range	maintain same rate
	If exceeds goal range but less than 110 secs	decrease rate by 3mL/hr and repeat aPTT in 6 hrs
	If greater than or equal to 110secs	hold infusion for 1 hr then decrease rate by 6mL/hr and continue aPTT q6h after infusion resumed.
Medications		
NOTE: Maximum recommended dose for Heparin bolus is 80 units/kg up to 10,000 units Round Dose to nearest 2,500 Units.		
<input type="checkbox"/>	heparin	units, Injection, IV Push, once, Routine,T;N, Bolus, Comment: Give bolus prior to start of infusion if ordered. Initial rate:_____units/hr. Maximum initial rate is 18 units/kg/hr (not to exceed 1520 units/hr). Goal aPTT range=_____seconds to _____seconds. aPTT range:_____



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Order Set: Heparin Non Protocol Infusion Orders

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Laboratory		
[]	CBC w/o Diff	STAT, T;N, once, Type: Blood, Comment: to be used baseline -Heparin Infusion per MD Orders
[]	CBC w/o Diff	Routine, T+1;0400, qam, Type: Blood
[]	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Comment: to be used baseline -Heparin Infusion per MD Orders
[]	Partial Thromboplastin Time (PTT)	Time Study, T;N, q6h, Type: Blood
Consults/Notifications		
[]	Notify Physician-Continuing	T;N, Notify: Physician, if baseline platelet count is less than 100,000/mm3, if subsequent platelet counts fall below 100,000/mm3 or if there is a 50percent drop from the baseline platelet count.

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Time

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Physician Orders - ADULT

VTE Other SURGICAL Prophylaxis Orders

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Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
NOTE: Bleeding Risk Factor Assessment criteria is listed below VTE orders.		
Other Surgical Procedures		
NOTE: Bleeding Risks Present, and No contraindication to SCDs:		
<input type="checkbox"/>	Sequential Compression Device	T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present Apply
If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:		
<input type="checkbox"/>	heparin	5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.
OR		
<input type="checkbox"/>	enoxaparin	40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.
AND BOTH CBCs:		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood,
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2; 0400, QODay, Type: Blood
Do Not Administer VTE Prophylaxis		
<input type="checkbox"/>	Contraindication-VTE Prophylaxis	T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. Consider early ambulation.
NOTE: 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:		
<input type="checkbox"/>	Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy	
<input type="checkbox"/>	Active bleeding	
<input type="checkbox"/>	INR greater than 1.5 and patient NOT on warfarin therapy	
<input type="checkbox"/>	INR greater than 2 and patient ON warfarin therapy	
<input type="checkbox"/>	Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000	
<input type="checkbox"/>	Platelet count less than 50,000 (applies to patients with no history of transplant procedures)	
<input type="checkbox"/>	Solid organ transplant during this episode of care OR within 30 days of admission	
<input type="checkbox"/>	Documented bleeding or Coagulopathy disorder	
<input type="checkbox"/>	Hemorrhagic Stroke within 6 weeks of admission	
<input type="checkbox"/>	Severe Uncontrolled Hypertension	
<input type="checkbox"/>	Recent Intraocular or Intracranial surgery	
<input type="checkbox"/>	Vascular Access or Biopsy sites inaccessible to hemostatic control	
<input type="checkbox"/>	Recent Spinal Surgery	
<input type="checkbox"/>	Epidural or Spinal Catheter	
<input type="checkbox"/>	Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)	
<input type="checkbox"/>	Heparin Induced Thrombocytopenia (HIT)	
<input type="checkbox"/>	heparin allergy or pork allergy	
<input type="checkbox"/>	No Bleeding Risk Factors exists	

Date

Time

Physician's Signature

MD Number

