



Physician Orders

Care Set: GI Lab Pre Procedure Orders

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

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

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Medication allergy(s): _____

Latex allergy Other: _____

Admission/Transfer/Discharge

Admit Patient to Dr. _____

Admit Status: Inpatient Routine Post Procedure <24hrs 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: Med/Surg Critical Care Stepdown Telemetry; Specific Unit Location: _____

Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

Vital Signs Per Unit Protocol T;N, Monitor and Record T,P,R,BP

Activity

Bedrest T;N

Bedrest w/BRP T;N

Out Of Bed T;N, Up Ad Lib

Out Of Bed T;N, With Assistance

Food/Nutrition

NPO Start at: T;N

Regular Adult Diet Start at: T;N

Clear Liquid Diet Start at: T;N

1800 Calorie ADA Diet (ADA Diet 1800 Calorie)

American Heart Association Diet (Wise Diet) Start at: T;N

Patient Care

Consent Signed For T;N

Nasogastric Tube Insert (NGT Insert) T;N

Nasogastric Tube (NGT) T;N

Nasogastric Tube Remove (NGT Remove) T;N

Intermittent Needle Therapy T;N,q4day
Insert/Site (INT Insert/Site Care)

Nursing Communication T;N, Hold heparin prior to GI procedures

Nursing Communication T;N, Hold Lovenox prior to GI procedures

Respiratory Care

Continuous Infusions

Sodium Chloride 0.45% with KCl 20 1,000 mL,IV,Routine,T;N,75 mL/hr
mEq





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Medications

<input type="checkbox"/>	polyethylene glycol 3350 with electrolyt (polyethylene glycol 3350 with electrolytes)	4 L, Oral Soln, PO, once, Routine, Comment: Administer 8 oz q10min until 4L consumed
<input type="checkbox"/>	polyethylene glycol 3350 with electrolyt (polyethylene glycol 3350 with electrolytes)	4 L, Oral Soln, NG, once, Routine, Comment: Administer 8oz q10min per NGT until 4L consumed
<input type="checkbox"/>	sodium biphosphate-sodium phosphate	1 bottle, Enema, PR, once, Routine, (2 dose)
<input type="checkbox"/>	promethazine	12.5 mg, Injection, IV Push, OnCall, Routine, (1 dose), Comment: On Call to GI lab
<input type="checkbox"/>	promethazine	12.5 mg, Injection, IV Push, q3h, Nausea, Routine
<input type="checkbox"/>	glycopyrrolate	0.4 mg, Injection, IV Push, OnCall, Routine, (1 dose), Comment: On call to GI Lab
<input type="checkbox"/>	meperidine	50 mg, IV Push, OnCall, Routine, Comment: On Call to GI lab
<input type="checkbox"/>	metronidazole	500 mg, IV Piggyback, IV Piggyback, q6h, Routine
<input type="checkbox"/>	ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, q12h, Routine
<input type="checkbox"/>	ceftriaxone	1 g, IV Piggyback, IV Piggyback, once, Routine

Laboratory

<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Hematocrit (Hct)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Iron Profile (Fe Profile)	T;N,Routine,once,Type: Blood

Diagnostic Tests

	NOTE:	For ERCP you must place both orders below:
<input type="checkbox"/>	GI Lab Request To Schedule	T;N, Routine, ERCP
<input type="checkbox"/>	Endoscopic Cath Combined Biliary & Pancr	T;N
	NOTE:	Lap Banding procedure only performed at University hospital. If ordering a Lap Band procedure, you must order all 3 orders below:
<input type="checkbox"/>	GI Lab Request To Schedule	T;N, Routine, Comment: Lap Banding - GI Lab
<input type="checkbox"/>	Fluoro Guide BX/ASP/INJ/LOCAL	T;N, Reason for Exam: Lap Band Adjustment, Other reason: Lap Band Adjustment, Routine, Stretcher
<input type="checkbox"/>	GI Upper W/WO Delayed Films WO KUB	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Upper GI Assessment,Routine,Stretcher
<input type="checkbox"/>	GI Lab Request To Schedule	T;N, Routine, Colonoscopy
<input type="checkbox"/>	GI Lab Request To Schedule	T;N, Routine, EGD
<input type="checkbox"/>	GI Lab Request To Schedule	T;N, Routine, FSC procedure

Consults/Notifications

 Date Time Physician's Signature MD Number