

PHYSICIAN ORDERS

Care Set: GI Lab Pre-Procedure Orders

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

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 for POST PCI (PTCA) Care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical record, patient does not respond to treatment	
Post Procedure for 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 reasons: 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 of room number on arrival to unit	
Primary Diagnosis: _____	
Secondary Diagnosis: _____	
Vital Signs	
[X] Vital signs per Unit Protocol	T;N, T,R,P,BP,
Activity	
[] Bedrest	T;N
[] Bedrest w/BRP	T;N
[X] Out of Bed	T;N, ad lib
[] Out of Bed	T;N, with Assistance
Food/Nutrition	
[X] NPO	T;N
[] Regular Adult Diet	T;N
[] Clear Liquid Diet	T;N
[] ADA 1800 Calorie Diet	
[] Wise Diet	T;N
Patient Care	
[X] Consent Signed For	T;N, Procedure: _____, Performing MD: _____
[] NGT Insert	T;N
[] NGT Care	T;N
[] NGT Remove	T;N
[X] INT Insert/Site Care	T;N, q4d
[] Nursing Communication	T;N, Hold heparin prior to GI Lab Procedures
[] Nursing Communication	T;N, Hold Lovenox prior to GI Lab Procedures
Respiratory Care	
Continuous Infusion	
[] 1/2 NS 1000mL +20mEq KCL	1000 mL, IV,routine, T;N, 75 mL/hr
Medications	
[] sodium biphosphate-sodium phosphate	1 bottle, PR,routine, T;N, x2 doses
[] polyethylene glycol 3350 with electrolytes	4L,liquid, PO, once, routine, T;N, Administer 8oz q10min till 4L consumed ,
[] polyethylene glycol 3350 with electrolytes	4L, liquid, NGT, once, routine, T;N, Administer 8oz q10min till 4L consumed,
[] promethazine	12.5mg, IV, on call, routine, T;N, to GI lab
	Only infuse into large-bore vein. Do NOT infuse into hand or wrist vein. Stop injection immediately if patient complains of burning/pain.
[] promethazine	12.5mg, IV, q3h, routine, T;N, PRN, nausea
	Only infuse into large-bore vein. Do NOT infuse into hand or wrist vein. Stop injection immediately if patient complains of burning/pain.
[] robinul	0.4mg, IV, on call, routine, T;N, to GI lab
[] meperidine	50mg, IV, on call, routine, T;N, to GI lab
[] metronidazole	500mg, IV, q6h, routine, T;N
[] ciprofloxacin	400mg, IV, q12h, routine, T;N
[] ceftriaxone	1g, IV, once, routine, T;N

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Laboratory	
<input type="checkbox"/>	PTT T;N, Routine, blood,once
<input type="checkbox"/>	PT/INR T;N, Routine, blood,once
<input type="checkbox"/>	CBC T;N, Routine, blood,once
<input type="checkbox"/>	HCT T;N, Routine, blood,once
<input type="checkbox"/>	Fe Profile T;N, Routine, blood,once
Diagnostic Tests	
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, Lap Banding - GI Lab
<input type="checkbox"/>	Fluoro Guide Bx/Asp/Ing/Loc T;N, Reason: Lap Band Adjustment
<input type="checkbox"/>	GI Upper W/WO Delayed Films w/o KUB T;N, Reason: Lap Band Adjustment
<input type="checkbox"/>	GI Lab Request to Schedule T;N, Routine, Colonoscopy, Reason for Exam
<input type="checkbox"/>	GI Lab Request to Schedule T;N, Routine, EGD, Reason for Exam
<input type="checkbox"/>	GI Lab Request to Schedule T;N, Routine, FSC, Reason for Exam
NOTE: For ERCP you must place both orders below:	
<input type="checkbox"/>	GI Lab Request to Schedule T;N, Routine, ERCP, Reason for Exam
<input type="checkbox"/>	Endoscopic Cath Combined Biliary & Pancr T;N
Consults/Notification	

 Date

 Time

 Physician's Signature

 MD Number