

	e Orders P Sets/Broto	hase cols/PowerPlans		
Care S				
Ľ		owerplan Phase Phase: LEB Gastroenterology Admit Phase, W	then to Initiate: When nations arrives to unit	
LEB G		rology Admit Phase	non to miliato. Whom patient arrives to unit	
		sfer/Discharge		
		tatus Initial Inpatient		
		T;N Admitting Physician:		
		Reason for Visit:		
		Bed Type:	Specific Unit:	
$\overline{\mathbf{Q}}$	Care Team:		Anticipated LOS. 2 midnights of more	
		ysician-Once Notify For: Of room number on arrival to unit.		
Vital S		voiny i or. Or room number on anivar to anic.		
$\overline{\mathbf{Z}}$	Vital Sign	ns		
		Monitor and Record T,P,R,BP (DEF)*		
		Monitor and Record T,P,R,BP, (3£1) Monitor and Record T,P,R,BP, q4h(std)		
Activit	_	Monitor and Necola 1,1 ,11,01, 941(Sta)		
\square	•	s Tolerated		
_		Jp Ad Lib		
Food/	Nutrition			
	NPO Cor	nmunication Nsg		
		After Midnight (DEF)*		
		After Midnight, NPO except for medications		
	NPO	, ,		
_		nstructions: NPO except for medications		
	Breastfee	ed		
	LEB Forn	LEB Formula Orders Plan(SUB)*		
	Regular F	Pediatric Diet		
	Clear Liq			
		Start at: T;N		
_	nt Care			
		Diet As Tolerated		
		Start clear liquids and advance to regular diet a	as tolerated.	
		Precautions		
		solation Type: Contact Precautions		
	Intake an			
		Routine, q2h(std)		
ш	,	Daily Weights		
	Routine, qEve			
_	O2 Sat Spot Check-NSG with vital signs			
	O2 Sat Monitoring NSG			
		Cardiopulmonary Monitor		
_	Routine, Monitor Type: CP Monitor			
		Signed For		
		Procedure: EGD (DEF)*		
		Procedure: Colonoscopy		
		Procedure: Sigmoidoscopy		





	atory Care
	Oxygen Delivery Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air.
Contin	uous Infusion
	Sodium Chloride 0.9% Bolus mL, Injection, IV, STAT, (1 dose), (infuse over 30 min), Bolus, Volume 10 mL/kg
	Sodium Chloride 0.9% Bolus mL, Injection, IV, STAT, (1 dose), (infuse over 30 min), Bolus, Volume 20 mL/kg
	Sodium Chloride 0.9% 1,000 mL, IV, Routine, mL/hr
	D5 1/2NS
	1,000 mL, IV, Routine, mL/hr
	D5 1/2 NS KCI 20 mEq/L 1,000 mL, IV, Routine, mL/hr
Medica	
	+1 Hours acetaminophen
	10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
	325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
	+1 Hours acetaminophen 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day Comments: May give PR if unable to take PO
	+1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution 0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
	+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
	+1 Hours ondansetron
	☐ 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
_	4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
	+1 Hours ondansetron 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg Comments: May give IV if unable to take PO
Gastro	intestinal Agents
	+1 Hours bisacodyl 10 mg, Supp, PR, QDay, PRN Constipation, Routine
	+1 Hours polyethylene glycol 3350
	1 g/kg, Powder, PO, q4h, Routine, Max dose = 17 g (DEF)* Comments: Mix with 4 to 8 ounces of water or juice and drink
	1 g/kg, Powder, PO, q8h, Routine, Max dose = 17 g Comments: Mix with 4 to 8 ounces of water or juice and drink
	1 g/kg, Powder, PO, q12h, Routine, Max dose = 17 g Comments: Mix with 4 to 8 ounces of water or juice and drink
	 1 g/kg, Powder, PO, QDay, Routine, Max dose = 17 g Comments: Mix with 4 to 8 ounces of water or juice and drink
	+1 Hours polyethylene glycol 3350 1 g/kg, Powder, Tube, QDay, Routine, Max dose = 17 g Comments: Mix with 4 to 8 ounces of water or juice and give continuously via feeding tube
	+1 Hours magnesium citrate



		3 mL/kg, Liq, PO, q6h, Routine, (for 2 dose) [Less Than 6 year] (DEF)*		
		75 mL, Liq, PO, q6h, Routine, (for 2 dose) [6 - 12 year]		
		150 mL, Liq, PO, q6h, Routine, (for 2 dose) [12 - 18 year]		
	+1 Hours sodium biphosphate-sodium phosphate enema pediatric 66 mL, Enema, PR, once, Routine [2 - 11 year]			
	+1 Hours sodium biphosphate-sodium phosphate enema adult 133 mL, Enema, PR, once, Routine [Greater Than or Equal To 12 year]			
	+1 Hours raNITIdine			
	4.11	2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day		
	+1 Hours famotidine 0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day			
	+1 Hours lansoprazole 1 mg/kg, Oral Soln, PO, QDay, Routine, Max dose = 30mg [Less Than 1 year]			
	+1 Hou	rs lansoprazole		
		15 mg, EC Capsule, PO, QDay, Routine [1 - 11 year and Less Than 30 kg] (DEF)*		
		30 mg, EC Capsule, PO, QDay, Routine [Greater Than or Equal To 12 year and Greater Than or Equal To 30 kg]		
	+1 Hou	rs lansoprazole		
		15 mg, Tab, PO, QDay, Routine, (Solutab) [1 - 11 year and Less Than 30 kg] (DEF)*		
		30 mg, Tab, PO, QDay, Routine, (Solutab) [Greater Than or Equal To 12 year and Greater Than or Equal To 30 kg]		
	+1 Hou	rs pantoprazole		
		1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (infuse over 15 min), Max dose = 40 mg		
Labora	•	nd Saraan Dadiatria		
	rype an	nd Screen Pediatric Routine, T;N, Type: Blood		
	Type and Screen <4 months (DAT included) Routine, T;N, Type: Blood			
	Type an	nd Crossmatch Pediatric >4 months Routine, T;N, leukoreduced		
	Transfu	se PRBC >4 Months Routine, T;N		
	Hold PR	RBC >4 Months		
	CBC	Routine, T;N		
		T;N, Routine, once, Type: Blood		
ш	BMP	Routine, T;N, once, Type: Blood		
	CMP	Routine, T;N, once, Type: Blood		
	GGT			
	Bilirubin	Routine, T;N, once, Type: Blood		
_		Routine, T;N, once, Type: Blood		
	Bilirubin	Direct T;N,Routine,once,Type: Blood		
	PT/INR	Destina T.M. anas Timas Diagram		
	PTT	Routine, T;N, once, Type: Blood		
		Routine T·N once Type: Blood		



Ш	Lipase Level				
_	Routine, T;N, once, Type: Blood				
	Lipase Level LeBonheur Germantown				
	Routine, T;N, once, Type: Blood				
ш	Amylase Level Routine, T;N, once, Type: Blood				
	Amylase Level LeBonheur Germantown				
_	Routine, T;N, once, Type: Blood				
	ESR				
_	Routine, T;N, once, Type: Blood				
	CRP				
_	Routine, T;N, once, Type: Blood				
	C-Reactive Protein LeBonheur Germantown				
	Routine, T;N, once, Type: Blood				
	Immunoglobin A and Tissue Transglutaminase Ab IgA must be ordered at same time.(NOTE)*				
	Tissue Transglutaminase Ab IgA				
	Routine, T;N, once, Type: Blood				
	Immunoglobulin A				
	Routine, T;N, Type: Blood				
	TSH				
	T;N, Routine, once, Type: Blood				
	T4 Free				
_	T;N, Routine, once, Type: Blood				
	Blood Culture				
	Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect				
	Stool Culture				
	Routine, T;N, Specimen Source: Stool, Nurse Collect				
	Stool WBC - Ped				
	Routine, T;N, once, Type: Stool, Nurse Collect				
	Stool Ova & Parasites				
	Routine, T;N, Specimen Source: Stool, Nurse Collect				
	Clostridium difficile Toxin B gene by PCR				
	Routine, T;N, once, Type: Stool, Nurse Collect				
	Giardia lamblia Antigen				
	Routine, T;N, once, Type: Stool, Nurse Collect				
	Stool Viral Culture				
	Routine, T;N, Specimen Source: Stool, Nurse Collect				
	Occult Blood				
	Routine, T;N, Type: Stool, Nurse Collect				
	Rotavirus Antigen				
_	Routine, T;N, Type: Stool, Nurse Collect				
	Cryptosporidium Antigen				
_	Routine, T;N, Type: Stool, Nurse Collect				
	Urinalysis w/Reflex Microscopic Exam				
_	Routine, T;N, once, Type: Urine, Nurse Collect				
	Urine Culture				
_	Routine, T;N, Specimen Source: Urine, Nurse Collect				
	Amylase Duodenal Aspirate				
_	Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect				
	Lipase Duodenal Aspirate				
_	Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect				
	· · · · · · · · · · · · · · · · · · ·				





	Date T	me Phys	sician's Signature	MD Numbe	
	Consult Who:	Reason for	Consult:		
	Reason for Consult:_ Consult MD	Group:			
	Reason for Consult: Consult MD Group				
	GI Lab Request To Schedule Procedure: Colonose Consult MD Group				
	GI Lab Request To Schedule Procedure: Flexible				
	GI Lab Request To Schedule Procedure: Esophagogastroduodenoscopy (EGD)				
	Notify Resident-Continuing Notify Resident-Once				
Consu	Ilts/Notifications/Referrals				
	T;N, Routine, Wheel	chair			
	T;N, Routine, Wheel Milk Study	chair			
	LEB GI Upper W/WO Delaye	d Films W KUB w/Delay Diet	Plan(SUB)*		
	Modified Barium Swallow Pe Routine	d			
	Esophagus <i>T;N, Routine</i>				
	US Pelvic Non OB Comp T;N, Routine				
	LEB GI Upper W/WO Delaye	d Films WO KUB w/Delay Di	et Plan(SUB)*		
	T;N, Routine, Wheel LEB US Abd Comp w/Delay				
	US Abd Limited w/Doppler	- h - i -			
	LEB CT Pelvis WO Cont Plan	n(SUB)*			
	LEB CT Pelvis W/WO Cont F	lan(SUB)*			
	LEB CT Abdomen W/WO Co LEB CT Abdomen WO Cont	, ,			
	T;N, ROUTINE, Whe				
	T;N, Routine, Wheelchair KUB				
	ostic Tests Chest PA & Lateral				
Diagn		Гуре: Duodenal Fluid, Nurse	Collect		
	Chymotrypsin Duodenal Aspirate Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect				
	Protein Duodenal Aspirate Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect				



*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

