



## Physician Orders ADULT: Gastroenteritis Observation Plan

### Initiate Orders Phase

#### Admission/Transfer/Discharge

- ☒ Patient Status Initial Outpatient  
 T;N Attending Physician: \_\_\_\_\_  
 Reason for Visit: \_\_\_\_\_  
 Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
 Outpatient Status/Service: Outpatient Status/Service OP-OBSERVATION Services

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
 Phase: Gastroenteritis Observation Phase, When to Initiate: \_\_\_\_\_

### Gastroenteritis Observation Phase

#### Vital Signs

- ☐ Vital Signs  
 Routine Monitor and Record T,P,R,BP, q4h(std)  
☐ Orthostatic Blood Pressure  
 Stat, with heart rate

#### Activity

- ☐ Bedrest  
 Routine  
☐ Bedrest  
 Options: w/BRP  
☐ Out Of Bed

#### Food/Nutrition

- ☐ NPO  
☐ Clear Liquid Diet  
 Adult (>18 years)  
☐ Full Liquid Diet  
☐ Regular Adult Diet  
☐ Consistent Carbohydrate Diet  
 Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting  
 [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;  
 Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis

- ☐ Gastroenteritis Diet

#### Patient Care

- ☒ Intermittent Needle Therapy Insert/Site Care  
 Stat, q4day  
☒ Instruct/Educate  
 Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Observation Services  
☒ Intake and Output  
☐ Weight  
 once, Obtain Actual Weight  
☐ Nasogastric Tube  
 Insert and put to low continuous suction  
☐ O2 Sat Continuous Monitoring NSG  
 Routine

#### Continuous Infusion

- ☐ Sodium Chloride 0.9% Bolus  
 1,000 mL, IV Piggyback, IV Piggyback, once, STAT, 1,000 mL/hr  
☐ Lactated Ringers Injection  
 1,000 mL, IV, Routine, 75 mL/hr





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- ☐ Dextrose 5% in Lactated Ringers Injection  
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Dextrose 5% with 0.45% NaCl  
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Sodium Chloride 0.9%  
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Dextrose 5% NaCl 0.45% KCl 20 mEq  
20 mEq 1,000 mL, IV, Routine, 75 mL/hr

#### Medications

- ☐ **+1 Hours** metoclopramide  
10 mg, Injection, IV Push, q6h, Nausea/Vomiting
- ☐ **+1 Hours** acetaminophen  
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
- ☐ **+1 Hours** acetaminophen  
650 mg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** promethazine  
12.5 mg, Tab, PO, q4h, PRN Nausea, Routine
- ☐ **+1 Hours** ondansetron  
4 mg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine
- ☐ **+1 Hours** temazepam  
7.5 mg, Cap, PO, hs, PRN Sleep, Routine  
Comments: May repeat dose once after 30 min if required.
- ☐ **+1 Hours** pantoprazole
  - ☐ 40 mg, Cap, PO, QDay, Routine (DEF)\*
  - ☐ 40 mg, Injection, IV Push, q24h, Routine
- ☐ **+1 Hours** famotidine  
20 mg, Injection, IV Push, q12h, Routine, Change to q24h if CrCl is less than 50mL/min  
Comments: Change to q24h if CrCl is less than 50 mL/min

#### Laboratory

- ☐ CBC  
STAT, T;N, once, Type: Blood
- ☐ CMP  
STAT, T;N, once, Type: Blood
- ☐ BMP  
STAT, T;N, once, Type: Blood
- ☐ Calcium Ionized  
STAT, T;N, once, Type: Blood
- ☐ Magnesium Level  
STAT, T;N, once, Type: Blood
- ☐ Phosphorus Level  
STAT, T;N, once, Type: Blood
- ☐ Amylase Level  
STAT, T;N, once, Type: Blood
- ☐ Lipase Level  
STAT, T;N, once, Type: Blood
- ☐ Hepatitis Profile (A,B & C)  
Routine, T;N, once, Type: Blood
- ☐ Hepatic Panel





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- ☐ *Routine, T;N, once, Type: Blood*  
Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, once, Type: Urine, Nurse Collect*
- ☐ Clostridioides difficile Test Algorithm  
*Routine, T;N, once, Type: Stool, Nurse Collect*
- ☐ Clostridium difficile Toxin B gene by PCR  
*Routine, T;N, once, Type: Stool, Nurse Collect*
- ☐ Ova & Parasites Stool  
*Routine, T;N, Specimen Source: Stool, Nurse Collect*
- ☐ Stool Culture  
*Routine, T;N, Specimen Source: Stool, Nurse Collect*

#### Diagnostic Tests

- ☐ Chest 1 View  
*T;N, Routine, Portable*
- ☐ Chest 2 Views  
*T;N, Routine, Stretcher*
- ☐ Abdomen 2 Views  
*T;N, Routine, Stretcher*
- ☐ CT Abdomen & Pelvis W/Cont Plan(SUB)\*

#### Consults/Notifications/Referrals

- ☒ Notify Physician-Once  
*Notify For: room number on arrival to unit*
- ☐ Physician Consult  
Consult Who: \_\_\_\_\_ Reason for Consult: \_\_\_\_\_
- ☐ Physician Consult  
Consult Who: \_\_\_\_\_ Reason for Consult: \_\_\_\_\_
- ☐ Case Management Consult  
*Routine, Reason: Discharge Planning*

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**Date**


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**Time**


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**Physician's Signature**


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**MD Number**

#### \*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

