



attach patient label here

Physician Orders ADULT ED Abdominal Pain-GI Bleeding 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: _____		
Triage Standing Orders		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	STAT, q4day, Preferred Gauge: 18G
<input type="checkbox"/>	O2 Sat Monitoring NSG	STAT
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	STAT, once
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	STAT, 2 L/min, Special Instructions: Titrate to keep O2 sat greater than or equal to 92%
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
NOTE :IF THE "CHEM 8 PROFILE POC" iSTAT TESTING IS AVAILABLE AT YOUR FACILITY, ORDER IT BELOW IF NEEDED. IF IT IS NOT AVAILABLE AT YOUR FACILITY, ORDER THE CMP ORDER BELOW INSTEAD.		
<input type="checkbox"/>	CMP	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, STAT
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	NOTE: Order Type and Screen if SPB less than 100 or HR greater than 100.	
<input type="checkbox"/>	Type and Screen	T;N, STAT, Reason for Type and Screen: To Hold, Type: Blood, Nurse Collect
NOTE: If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
NOTE: If patient is greater than 25 years and complains of chest pain order Troponin and EKG below		
<input type="checkbox"/>	ED Troponin (GT Only)	T;N, STAT
<input type="checkbox"/>	Troponin-I	T;N, STAT
<input type="checkbox"/>	EKG	T;N, STAT, Reason for Exam: Chest Pain
Vital Signs		
<input type="checkbox"/>	Vital Signs	STAT Monitor and Record Pulse, Monitor and Record Resp Rate, Monitor and Record Blood Pressure, q 30 min





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Patient care		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	Stat,q4day,Preferred Gauge: 18G, second IV Line
<input type="checkbox"/>	Nasogastric Tube Insert	STAT, to low wall suction
<input type="checkbox"/>	Nasogastric Tube	Suction Strength: Low Intermittent
<input type="checkbox"/>	Irrigate	Nasogastric Tube, Irrigant: Normal Saline, Irrigation Volume: 500
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1.000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1.000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1.000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9% 50 mL + octreotide (additive) 500 mcg	500 mcg / 50 mL, IV, STAT, T;N, 2.5 mL/hr (infuse over 20 hr)
<input type="checkbox"/>	Sodium Chloride 0.9% 50 mL + octreotide (additive) 500 mcg	500 mcg / 50 mL, IV, STAT, T;N, 5 mL/hr (infuse over 10 hr)
<input type="checkbox"/>	Sodium Chloride 0.9% 100 mL + pantoprazole (additive) 80 mcg	100 mL, IV, STAT, T;N, 8 mg/hr
Medications		
<input type="checkbox"/>	pantoprazole	80 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	famotidine	20 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	octreotide	100 mcg, Injection, IV Push, once, STAT
<input type="checkbox"/>	prochlorperazine	5 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	metoclopramide	10 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	ondansetron	4 mg,Injection,IV Push,once,STAT,T;N
Laboratory		
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Hepatic Profile	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CK Isoenzymes	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Troponin-I	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Transfuse PRBC's - ED or OP	STAT, T;N, Reason: _____
<input type="checkbox"/>	Occult Blood	STAT, T;N, once, Type: Stool, Nurse Collect



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Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	T;N, Routine, Reason: Chest Pain/Angina/MI,Once
<input type="checkbox"/>	CXR Portable	T;N, STAT, Portable, Reason for Exam: _____
<input type="checkbox"/>	Chest PA & Lateral	T;N, STAT, Portable, Reason for Exam: _____
<input type="checkbox"/>	Abdomen 1 View	T;N, STAT, Reason for Exam: Abdominal Pain, Other reason: Abdominal Pain, Stretcher
<input type="checkbox"/>	NM GI Acute Blood Loss Imag	T;N, STAT, Reason for Exam: Locate GI Bleed Site, STAT, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	Stat, Reason for Consult: GI Bleed

Date	Time	Physician's Signature	MD Number
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