



Physician Orders ADULT: GI Hemorrhage Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: GI Hemorrhage Phase, When to Initiate: _____

GI Hemorrhage Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ Patient Status Initial Outpatient

T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: OP-OBSERVATION Services

- ☐ Notify Physician-Once

Notify: physician, Notify For: of room number upon arrival to unit

Vital Signs

- ☒ Vital Signs

Monitor and Record T,P,R,BP, q4h(std)

- ☐ Vital Signs

Monitor and Record T,P,R,BP, q8h(std)

- ☐ Orthostatic Blood Pressure

Routine, q12h(std)

Activity

- ☒ Bedrest

- ☐ Bedrest w/BRP

- ☐ Activity As Tolerated

Food/Nutrition

- ☐ NPO

- ☐ NPO

Instructions: NPO except for medications

- ☐ Clear Liquid Diet

Start at: T;N

Patient Care

- ☒ Intake and Output

q4h(std), Strict I & O

- ☐ NGT Insert

- ☐ NGT





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Suction Strength: Low Intermittent

- ☐ Bedside Glucose Nsg
achs
- ☒ IV Insert/Site Care
q4day
- ☐ Consent Signed For
T;N, Procedure: EGD
- ☐ Consent Signed For
T;N, Procedure: Colonoscopy
- ☐ Consent Signed For
T;N, Procedure: EGD and Colonoscopy
- ☐ Consent Signed For
T;N, Procedure: Enteroscopy
- ☐ Consent Signed For
T;N, Procedure: Blood Transfusion

Nursing Communication

- ☐ Nursing Communication
Obtain HCT for Heme positive stools

Respiratory Care

- ☐ O2-BNC
*Routine, 2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
Comments: O2 sat spot check will be done as needed to maintain oxygen level unless otherwise indicated by the physician.*
- ☐ O2 Sat-Spot Check (RT)
prn PRN

Continuous Infusion

- ☐ NS
1,000 mL, IV, Routine, 50 mL/hr
- ☐ NS Bolus
1,000 mL, Injection, IV Piggyback, q1h, STAT, (for 2 dose), 1,000 mL/hr (infuse over 0
- ☐ D5-0.45NaCl
1,000 mL, IV, Routine, 50 mL/hr
- ☐ D5NS
1,000 mL, IV, Routine, 100 mL/hr
- ☐ D5NS
1,000 mL, IV, Routine, 125 mL/hr
- ☐ D5NS KCl 20 mEq
1,000 mL, IV, Routine, 50 mL/hr
- ☐ LR
1,000 mL, IV, Routine, 100 mL/hr





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- ☐ pantoprazole
80 mg, Injection, IV Push, once, Routine
- ☐ pantoprazole infusion (IVS)*
Sodium Chloride 0.9%
80 mL, IV, Routine, 8 mg/hr, 10 mL/hr, 8mg/hr=10ml/hr
Comments: Conc: 0.8 mg/mL; 8mg/hr=10ml/hr
pantoprazole (additive)
80 mg
- ☐ octreotide
50 mcg, Injection, IV Push, once, Routine
- ☐ octreotide infusion (IVS)*
Sodium Chloride 0.9%
50 mL, IV, Routine, 5 mL/hr, 50 mcg/hr
octreotide (additive)
500 mcg

Medications

- ☐ pantoprazole
40 mg, Injection, IV Push, q12h, Routine
- ☐ cefTRIAXone
1 g, Injection, IV Piggyback, QDay, Routine
- ☐ metroNIDAZOLE
500 mg, Injection, IV Piggyback, q8h, Routine
- ☐ ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
Comments: severe nausea
- ☐ prochlorperazine
5 mg, Injection, IV Push, q6h, PRN Nausea
Comments: Give if no relief from ondansetron.

Laboratory

- ☐ Occult Blood, Stool
T;N,Routine,Type: Stool,Nurse Collect
- ☐ Occult Blood x 3 Specimens Plan(SUB)*
- ☐ Hgb & Hct
Time Study, T;N, q6h x 3 day, Type: Blood
- ☐ CBC
T;N,Routine,once,Type: Blood
- ☐ CBC
T+1;0400,Routine,once,Type: Blood
- ☐ BMP
Routine, T;N, once, Type: Blood





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- ☐ BMP
Routine, T+1;0400, once, Type: Blood
- ☐ CMP
T;N,Routine,once,Type: Blood
- ☐ CMP
Routine, T+1;0400, once, Type: Blood
- ☐ PT/INR
T;N,Routine,once,Type: Blood
- ☐ PTT
T;N,Routine,once,Type: Blood
- ☐ Type and Screen
Routine, T;N, Reason for Type and Screen: _____, Transfusion Date Expected: _____, Type: Blood
- ☐ Type and Crossmatch PRBC
Routine, T;N, 2 units, Type: Blood
- ☐ Blood Keep Ahead Order
Routine, T;N, 2 units
- ☐ Transfuse PRBC's - Not Actively Bleeding
Routine, T;N
- ☐ Transfuse PRBC's - Actively Bleeding
Routine, T;N
- ☐ Hold PRBC
Routine, T;N
- ☐ GGT
T;N,Routine,once,Type: Blood
- ☐ TSH
T;N,Routine,once,Type: Blood
- ☐ Folate Level
T;N,Routine,once,Type: Blood
- ☐ Magnesium Level
T;N,Routine,once,Type: Blood
- ☐ Ammonia Level
T;N,Routine,once,Type: Blood

Diagnostic Tests

- ☐ EKG
Start at: T;N, Priority: Routine, GI Bleed
- ☐ NM GI Acute Blood Loss Imag
T;N, Reason for Exam: Locate GI Bleed Site, Routine, Stretcher
- ☐ CT Angio Abdomen and Pelvis W/WO Cont Plan(SUB)*





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- ☐ Consult IR (Interventional Radiologist)
T;N, Reason For Exam Other, Enter in Comments, Routine, Stretcher
Comments: Mesenteric Angiogram

Consults/Notifications/Referrals

- ☐ Consult MD
Gastroenterology
- ☐ GI Lab Request To Schedule
T;N

Date

Time

Physician's Signature

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

