



attach patient label here

Physician Orders ADULT Order Set: Sickie Cell Admit Plan

Related Order Sets:

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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: _____		
Uncategorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: Sickie Cell Admit Phase, initiate on arrival to floor
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine, Monitor and Record T,P,R,BP
<input type="checkbox"/>	Vital Signs	T;N, Routine, Monitor and Record T,P,R,BP, q4h
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up As Tolerated
<input type="checkbox"/>	Bedrest w/BRP	T;N
<input type="checkbox"/>	Bedrest	T;N, Routine
Food/Nutrition		
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N,
<input type="checkbox"/>	Mechanical Soft Diet	Start at: T;N
<input type="checkbox"/>	Low Sodium Diet	Start at: T;N, 2 gm, Age group: _____
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N, Adult (>18 years)
<input type="checkbox"/>	ADA Adult Diet 1800 Cal Plan	
<input type="checkbox"/>	NPO	Start at: T; 2359
<input type="checkbox"/>	NPO	Start at: T; N



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Patient Care		
[R]	VTE MEDICAL Prophylaxis Plan	print and complete separate sheet (form # 22225)
[]	IV Insert/Site Care	T;N, Routine, q4h, Insert
[]	O2 Sat Spot Check - NSG	T;N, Routine, with vital signs
[]	O2 Sat Monitoring-NSG	T;N, Routine
[]	Implanted Port Access	T;N, Comment: May Use For IV Fluid Admin/IV Med Admin/Blood Draw/Blood Admin, flush per policy
[]	Implanted Port Care	T;N, Routine, q 7 day
[]	Incentive Spirometry - NSG	T;N, Routine, q 1h- Awake
[]	Telemetry	T;N, Routine
Nursing Communication		
[]	Nursing Communication	T;N, Place order for STAT EKG for Shortness of Breath or Chest pain and notify physician.
[]	Nursing Communication	T;N, If temp greater than 38.3 Deg C, obtain Blood cultures q 15 min x 2 and call physician for possible antibiotic orders
[]	Nursing Communication	T;N, if unable to obtain IV access, place order for PICC nurse consult with reason: PICC Line insertion
Respiratory Care		
[]	Nasal Cannula (Oxygen-Nasal Cannula)	T;N, 2 L/min, Special Instructions: titrate to keep O2 saturation \geq 92%
Continuous Infusions		
[]	Dextrose 5% NaCl 0.45% KCL 20 mEq	20 mEq/1,000 mL, IV , Routine, 75 mL/hr
[]	Dextrose 5% NaCl 0.45%	1,000 mL, IV, Routine, 75 mL/hr
[]	Sodium Chloride 0.9%	1,000 mL, IV, Routine, 75 mL/hr
[]	Sodium Chloride 0.45%	1,000 mL, IV, Routine, 75 mL/hr
[]	PCA- MorPHINE Protocol Plan (Adult)	print and complete separate sheet (form # 23027-PP)
[]	PCA- HYDROmorphine Protocol Plan (Adult)	print and complete separate sheet (form # 23028-PP)
Medications		
[]	Sodium Chloride 0.9% (bolus)	500 mL, IV Piggyback, STAT, once, 1,000 mL/h, Comment: bolus
[]	acetaminophen	650 mg, Tab, PO, q6h, PRN Fever, Routine,
[]	diphenhydrAMINE	25 mg, Cap, PO, tid, PRN Itching, Routine
[]	diphenhydrAMINE	50 mg, Cap, PO, tid, PRN Itching, Routine
[]	diphenhydrAMINE	25 mg, injection, IV Push, q6h, PRN, itching, Routine
[]	promethazine	25mg, tab, PO, q6h, PRN, Vomiting, Routine
[]	ondansetron	4mg, Injection, IV Push, q6h, PRN Nausea, Routine
[]	folic acid	1 mg tab, PO, Qday, Routine
[]	varicella virus vaccine	0.5 mL, Injection, Subcutaneous, once, Routine,
[]	pneumococcal 23-valent vaccine	0.5 mL, Injection, IM, once, Routine,
[]	influenza virus vaccine, inactivated	0.5 mL, Injection, IM, once, Routine, Patients
[]	meningococcal conjugate vaccine	0.5 mL, Injection, IM, once, Routine,

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Medications continued		
NOTE : Choose one of the orders below for Mild pain:		
<input type="checkbox"/>	ibuprofen	400 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
OR		
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg-5 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3) , Routine,
NOTE : Choose one of the orders below for Moderate pain		
<input type="checkbox"/>	OXYcodone	5 mg, Tab, PO, q4, PRN Pain, Moderate (4-7), Routine
<input type="checkbox"/>	morPHINE	2 mg, Inj, IV Push, q2h, PRN Pain, Moderate (4-7), Routine, comment: if unable to take PO meds
NOTE : Choose the following order as needed for Severe pain. (Reminder: HYDROmorphine 2 mg ≈ morPHINE 10-14 mg)		
<input type="checkbox"/>	HYDROmorphine	2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
Order one of the below:		
<input type="checkbox"/>	docusate-senna	2 tab, Tab, PO, Qday, Routine
<input type="checkbox"/>	bisacodyl	5 mg, EC Tablet, PO, Qday, PRN Constipation, Routine
<input type="checkbox"/>	polyethylene glycol 3350	17g, powder, PO, QDay, Routine, Comment: Mix in 4-8 ounces of water/juice or soda
NOTE: If fever greater than 101, order Blood culture below and then begin the following antibiotic treatment		
<input type="checkbox"/>	Blood Culture	Time Study, q 15min x 2 occurrence, Specimen Source: Peripheral Blood, unless central line in place, then obtain one set from line)
<input type="checkbox"/>	Azithromycin	500mg, IV Piggyback, IV Piggyback, q24h, Routine
<input type="checkbox"/>	Ceftriaxone	1 g, IV Piggyback, IV Piggyback, q24h, Routine
<input type="checkbox"/>	Cefepime	2 g, IV Piggyback, IV Piggyback, q12h, Routine
<input type="checkbox"/>	Vancomycin	1 g, IV Piggyback, IV Piggyback, q12h, Routine
NOTE: if Vancomycin ordered, place pharmacy consult below		
<input type="checkbox"/>	Pharmacy Consult-Vancomycin Dosing	T;N, Routine, qam
Laboratory		
<input type="checkbox"/>	Type and Screen	Routine,T;N,once,Blood
<input type="checkbox"/>	Ferritin	Routine,T;N,once,Blood
<input type="checkbox"/>	Troponin	Routine,T;N,once,Blood
<input type="checkbox"/>	Magnesium	Routine,T;N,once,Blood
<input type="checkbox"/>	Vit D 25 hydroxy	Routine,T;N,once,Blood
<input type="checkbox"/>	Pro Brain Natriuretic Peptide	Routine,T;N,once,Blood
<input type="checkbox"/>	Bilirubin Direct	Routine,T;N,once,Blood
<input type="checkbox"/>	Influenza A / B Antigen	Routine, T;N, once, Type: Nasal Pharyngeal, Nurse collect
<input type="checkbox"/>	Urine Drug Abuse Screen	Routine, T;N, once, Urine, Nurse collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic	STAT, T;N, once, Urine, Nurse collect
<input type="checkbox"/>	Creatinine Urine Random	Routine, T;N, once, Urine, Nurse collect
<input type="checkbox"/>	Pneumococcal Antigen	Routine, T;N, once, Urine, Nurse collect
<input type="checkbox"/>	Legionella Antigen Urine	Routine, T;N, once, Urine, Nurse collect
<input type="checkbox"/>	CBC w/Diff	Routine,T+1; 0400, qam X 3 day,Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel	Routine,T+1; 0400, qam X 3 day,Blood



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Laboratory		
NOTE: If not done in ED, place orders below:		
<input type="checkbox"/>	CBC w/Diff	STAT, T;N,once,Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel	STAT, T;N,once,Blood
<input type="checkbox"/>	Reticulocyte count	STAT, T;N,once,Blood
<input type="checkbox"/>	C-Reactive Protein High Sensitivity	STAT,T;N,once,Blood
<input type="checkbox"/>	LDH	STAT, T;N,once,Blood
<input type="checkbox"/>	Urinalysis	STAT,T;N,once,Urine, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine	STAT,T;N,once,Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, STAT, Stretcher, Reason: Shortness of Breath(SOB)
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T+2;N, Routine, Stretcher, Reason: _____ (to be done 48 hours after admission)
<input type="checkbox"/>	TTE with Contrast if Necessary	T;N, Routine, Reason : Shortness of Breath(SOB), Comment : to check tricuspid regurgitant jet velocity and estimate pulmonary vascular pressures.
<input type="checkbox"/>	EKG	T;N, Routine, Reason Shortness of Breath
<input type="checkbox"/>	EKG	T;N, Routine, Reason Chest Pain
NOTE: If evidence of significant proteinuria, place order below:		
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp (Renal Ultrasound)	T;N, Routine,Reason : Renal Insufficiency, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs	T;N, Notify: _____, RR greater than or equal to 20 bpm, Oxygen Sat less than 85%
<input type="checkbox"/>	Notify Physician Continuing	T;N, Notify: _____ Respiratory Distress, Chest Pain or Change in mental status
<input type="checkbox"/>	Notify Physician Continuing	T;N, Notify: _____ for temp greater than 38.3 Deg C
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: Assistance at Discharge, Special Instructions: with social needs
<input type="checkbox"/>	Case Management Consult	T;N Routine, Reason: Discharge Planning
<input type="checkbox"/>	PICC Nurse Consult	T;N, Reason: PICC line insertion
<input type="checkbox"/>	Consult Clinical Pharmacist	T;N, Reason: Evaluate Pain Management Regimen
NOTE: Consider Order below for pain management if patient is located at University:		
<input type="checkbox"/>	Consult Palliative Care	T;N, Reason: Evaluate Pain Management Regimen

Date Time Physician's Signature MD Number