



Physician Orders ADULT: Urinary Tract Infection Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
T;N, Phase: Urinary Tract Infection Phase, When to Initiate: _____

Urinary Tract Infection Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Outpatient
T;N, Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service OP-OBSERVATION Services

- ☐ Notify Physician-Once
T;N, Notify: physician, of room number upon arrival to unit

Vital Signs

- ☐ Vital Signs
T;N, Monitor and Record T,P,R,BP, q8h(std)
- ☐ Vital Signs
T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

- ☐ Bedrest
T;N
- ☐ Bedrest w/BRP
T;N
- ☐ Activity As Tolerated
T;N

Food/Nutrition

- ☐ Regular Adult Diet
Start at: T;N
- ☐ American Heart Association Diet
Start at: T;N
- ☐ Consistent Carbohydrate Diet
Start at: T;N

Patient Care

- ☐ IV Insert/Site Care
T;N,q4day
- ☐ Intake and Output
T;N, Strict I & O

Continuous Infusion

- ☐ Dextrose 5% with 0.45% NaCl





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- ☐ 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

Medications

- ☐ **+1 Hours** cefTRIAxone
1 g, IV Piggyback, IV Piggyback, QDay, Routine
- ☐ **+1 Hours** aztreonam
1 g, IV Piggyback, IV Piggyback, q8h, Routine
Comments: If Penicillin Allergic
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** prochlorperazine
5 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
Comments: May repeat with 5 mg in 30 minutes (max: every 6 hours)

Laboratory

- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☐ Urinalysis
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Urinalysis w/Reflex Microscopic Exam
T;N, Routine, once, Type: Urine, Nurse Collect
- ☒ Urine Culture
T;N, Routine, Specimen Source: Urine, Nurse Collect
- ☐ Blood Culture
Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood

Diagnostic Tests: Include Reason for Exam

- ☐ EKG
Start at: T;N, Priority: Routine
- ☐ US Renal
T;N, Reason for Exam: Other, Enter in Comments, Other reason: Urinary Tract Infection, Routine, Stretcher

Date

Time

Physician's Signature

MD Number





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***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

