



Physician Orders ADULT: ONC Malignant Hematology Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: ONC Malignant Hematology Admit Phase, When to Initiate: _____

Malignant Hematology Admit 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: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services
- ☐ *T;N Attending Physician: _____*
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: OP OBSERVATION Services

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, q4h(std)

Activity

- ☐ Activity As Tolerated
☐ Bedrest

Food/Nutrition

- ☐ NPO
☐ Neutropenic Diet
☐ Regular Diet
☐ Consistent Carbohydrate Diet
☐ *Caloric Level: 1800 Calorie (DEF)**
☐ *Caloric Level: 2000 Calorie*

Patient Care

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ INT Insert/Site Care
q4day
☐ Implanted Port Access
Routine
☐ Implanted Port Care
Routine
☒ Incentive Spirometry NSG
q2h-Awake
☐ O2 Sat Spot Check-NSG
once
☐ O2 Sat Monitoring NSG
☐ Whole Blood Glucose Nsg
achs, No finger sticks



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- ☐ Nursing Communication
If Hgb less than 8g/dL, then place order for and administer "Type and Crossmatch PRBC", 1 unit, filtered and irradiated.
- ☐ Nursing Communication
If platelets less than 10,000, then place order and administer "Platelets Transfuse", 5 buttons. Filtered and irradiated.
- ☐ Nursing Communication
Do not notify physician for critical alert of WBC results.
- ☐ Nursing Communication
Do not notify physician for critical alert of blasts results.

Continuous Infusion

- ☐ **+1 Hours** Sodium Chloride 0.9%
1,000 mL, IV, Routine, 75 mL/hr
- ☐ **+1 Hours** Sodium Chloride 0.45%
1,000 mL, IV, Routine, 75 mL/hr
- ☐ **+1 Hours** D5 1/2NS
1,000 mL, IV, Routine, 75 mL/hr
- ☐ **+1 Hours** D5 1/2 NS KCl 20 mEq/L
20 mEq / 1,000 mL, IV, Routine, 75 mL/hr

Medications

- ☐ **+1 Hours** acyclovir
400 mg, Tab, PO, bid, Routine, (for 30 day)
 - ☐ **+1 Hours** ciprofloxacin
500 mg, Tab, PO, q12h, Routine, (for 30 day)
 - ☐ **+1 Hours** fluconazole
400 mg, Tab, PO, QDay, Routine, (for 30 day)
 - ☐ **+1 Hours** famotidine
20 mg, Tab, PO, bid, Routine
 - ☐ **+1 Hours** oxyCODONE
 - ☐ *5 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine (DEF)**
 - ☐ *5 mg, Tab, PO, q6h, PRN Pain, Severe (8-10), Routine*
 - ☐ **+1 Hours** alteplase
2 mg, Injection, IV, QDay, PRN Cath Clearance, Routine
 - ☐ **+1 Hours** Al hydroxide/Mg hydroxide/simethicone
15 mL, Oral Susp, PO, q6h, PRN Heartburn, Routine
 - ☐ **+1 Hours** zolpidem
5 mg, Tab, PO, hs, PRN Insomnia, Routine, May repeat dose x1 within 1 hour qhs if insomnia unrelieved.
- NOTE: If CrCl less than 30 mL/min, consider ordering heparin order below.(NOTE)*
- ☐ **+1 Hours** heparin
5,000 units, Injection, Subcutaneous, bid, Routine
Comments: Pharmacist may adjust administration times after first dose.
 - ☐ **+1 Hours** enoxaparin
40 mg, Injection, Subcutaneous, QDay, Routine, Hold for platelets less than 50,000
- NOTE: Premedications for Blood Products(NOTE)*
- ☐ **+1 Hours** diphenhydrAMINE
25 mg, Cap, PO, prn, PRN Premedication for blood products, Routine, Give prior to transfusion (up to 30 minutes)
 - ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, prn, PRN Premedication for blood products, Routine, Give prior to transfusion (up to one hour)

NOTE: Laxative of Choice Orders below:(NOTE)*



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- ☐ **+1 Hours** docusate-senna 50 mg-8.6 mg oral tablet
1 tab, Tab, PO, bid, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer first
- ☐ **+1 Hours** magnesium hydroxide
30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer second
- ☐ **+1 Hours** bisacodyl
5 mg, DR Tablet, PO, QDay, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer third
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
- ☐ Insulin STANDARD Sliding Scale Plan(SUB)*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)*

Laboratory

- ☒ CBC
STAT, T;N, Type: Blood
- ☐ CBC
Routine, T;N, qam, Type: Blood
- ☐ CBC w/o Diff
 - ☐ Routine, T;N, qam, Type: Blood (DEF)*
 - ☐ Time Study, T;N, MonThu, Type: Blood
 - ☐ Time Study, T;N, SuTWFSa, Type: Blood
- ☒ CMP
STAT, T;N, Type: Blood
- ☐ CMP
Time Study, T;N, MonThu, Type: Blood
- ☐ BMP
Time Study, T;N, SuTWFSa, Type: Blood
- ☐ Magnesium Level
Time Study, T;N, MonThu, Type: Blood
- ☐ Phosphorus Level
Time Study, T;N, MonThu, Type: Blood
- ☐ Type and Screen
Routine, T;N, Type: Blood

Consults/Notifications/Referrals

- ☐ Notify Physician-Once
Notify For: MHT Fellow, Notify For: of room number on arrival to unit
- ☐ Notify Physician For Vital Signs Of
Notify Who: _____
- ☒ Notify Physician-Continuing
Notify For: If Hgb less than 8g/dL
- ☐ Consult Clinical Pharmacist
Reason: Medication management
- ☐ Case Management Consult
Reason for Consult: _____
- ☐ Medical Social Work Consult
Reason for Consult: _____
- ☐ Dietitian Consult/Nutrition Therapy
Type of Consult: _____
- ☐ Nutritional Support Team Consult
Routine, Reason: Total Parenteral Nutrition
- ☐ PICC Nurse Consult



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- Reason for Consult: _____
- ☐ Consult Wound Care Nurse
Reason for Consult: _____
- ☐ Physical Therapy Initial Eval and Tx
Routine
- ☐ Occupational Therapy Initial Eval and Tx
Routine
- ☐ Speech Therapy Initial Eval and Tx
Routine, Reason for Exam: _____
- ☐ Pastoral Care Consult
Reason for Consult: _____
- ☐ Consult MD Group
Reason for Consult: _____ *Group: Hospice and Palliative Care*
- ☐ Consult MD Group
Reason for Consult: _____ *Group:* _____
- ☐ Consult MD
Consult Who: _____ Reason for Consult: _____

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