



## Physician Orders ADULT: Medical Oncology Admit Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
*Phase: Medical Oncology Admit Phase, When to Initiate: \_\_\_\_\_*

### Medical Oncology 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*

### 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*

### 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  
*1,000 mL, IV, Routine, 75 mL/hr*

### Medications

- ☐ **+1 Hours** famotidine  
*20 mg, Tab, PO, bid, Routine*



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- ☐ **+1 Hours** oxyCODONE  
5 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7)
- ☐ **+1 Hours** acetaminophen  
650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine
- ☐ **+1 Hours** alteplase  
2 mg, Injection, IV, QDay, PRN Cath Clearance
- ☐ **+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  
Comments: May repeat dose once within 1 hour nightly 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  
Comments: 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  
Comments: Give prior to transfusion (up to 30 minutes)
- ☐ **+1 Hours** acetaminophen  
650 mg, Tab, PO, prn, PRN Premedication for blood products, Routine  
Comments: Give prior to transfusion (up to one hour)
- NOTE: Laxative of Choice Orders below:(NOTE)\*
- ☐ **+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.

## 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
- ☐ BMP  
STAT, T;N, Type: Blood
- ☐ BMP  
Routine, T;N, qam, Type: Blood
- ☐ CMP  
STAT, T;N, Type: Blood
- ☐ Magnesium Level  
Routine, T;N, once, Type: Blood



### Physician Orders ADULT: Medical Oncology Admit Plan

- ☐ Phosphorus Level  
*Routine, T;N, once, Type: Blood*
- ☐ PT  
*Routine, T;N, once, Type: Blood*
- ☐ PTT  
*Routine, T;N, once, Type: Blood*
- ☐ Uric Acid Level  
*Routine, T;N, once, Type: Blood*
- ☐ D-Dimer Quantitative  
*Routine, T;N, once, Type: Blood*
- ☐ Type and Screen  
*Routine, T;N, Type: Blood*

### Consults/Notifications/Referrals

- ☐ Notify Physician-Once  
*Notify: 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*
- ☒ Notify Physician-Continuing  
*Notify For: If platelets less than 30,000*
- ☐ Notify Physician-Continuing  
Notify For: \_\_\_\_\_
- ☐ 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  
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: \_\_\_\_\_



**Physician Orders ADULT: Medical Oncology Admit Plan**

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