



## Physician Orders ADULT: Angioedema Treatment Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
Phase: Angioedema Treatment Phase, When to Initiate: \_\_\_\_\_

### Angioedema Treatment 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

### Vital Signs

- ☐ Vital Signs  
Routine, q15min, For 6 hr

### Food/Nutrition

- ☐ NPO  
NPO, Start at: T

### Nursing Communication

- ☐ Nursing Communication  
T;N, Add allergy to specific medication with reaction of "angioedema".

### Respiratory Care

- ☐ Nasal Cannula  
Stat, 2 L/min  
Comments: Titrate to keep O2 Sat equal to or greater than 92%. Wean to room air.

### Medications

- ☐ **+1 Minutes** famotidine  
40 mg, Injection, IV Push, once, STAT
- ☐ **+1 Hours** famotidine  
40 mg, Injection, IV Push, q6h  
Comments: 6 hours after bolus dose. Convert to PO when tolerating oral diet.
- ☐ **+1 Hours** EPINEPHrine 0.3 mg inj (1:1000)(Epipen)  
0.3 mg, Injection, IM, once, STAT  
Comments: Notify MD if unresponsive
- ☐ methylPREDNISolone





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- 125 mg, Injection, IV Push, once, STAT*
- ☐ **+1 Hours** methylPREDNISolone  
*80 mg, Injection, IV Push, q8h*
- ☐ **+1 Hours** diphenhydrAMINE  
*50 mg, Injection, IV Push, once, STAT*
- ☐ **+1 Hours** diphenhydrAMINE  
*50 mg, Injection, IV Push, q6h*  
*Comments: 6 hours after bolus dose. Convert to PO when tolerating oral diet.*
- ☐ **+1 Hours** albuterol  
*10 mg, Inh Soln, NEB, once, STAT*
- ☐ **+1 Hours** albuterol  
*2.5 mg, Inh Soln, NEB, q2h, Routine*

**Laboratory**

- ☐ BMP  
*STAT, T;N, once, Type: Blood*
- ☐ Type and Screen  
*STAT, T;N, Type: Blood*
- ☐ Plasma Transfuse  
*STAT, T;N*  
*Comments: To be used if standard treatment above does not improve patient: 1) Consistent O2 sat less than 90%; 2) Emergent need for intubation within first 24 hours*
- ☐ CBC  
*STAT, T;N, once, Type: Blood*
- ☐ ESR  
*STAT, T;N, once, Type: Blood*
- ☐ ESR, (Erythrocyte Sedimentation Rate)  
*STAT, T;N, once, Type: Blood*
- ☐ CRP  
*STAT, T;N, once, Type: Blood*

**Diagnostic Tests**

- ☐ Chest 1 VW  
*T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Portable*
- ☐ Chest 2VW Frontal & Lat  
*T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Wheelchair*
- ☐ EKG  
*Start at: T;N, Priority: Stat, Reason: Shortness of Breath, Transport: Portable*

**Consults/Notifications/Referrals**

- ☐ Physician Consult  
*Reason for Consult: Evaluation of angioedema*
- ☐ Notify Physician-Once





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*Notify For: Notify of room number upon arrival to unit*

☐ Notify Physician-Once

*Notify For: If patient's O2 Sat does not remain above 92%, swelling increases or condition does not respond or worsens after initial treatment including epinephrine.*

\_\_\_\_\_  
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

