



attach patient label here

Physician Orders ADULT

Order Set: Bronchoscopy Post Procedure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

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: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient to Dr. _____	
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care		
Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area		
Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up		
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
<input type="checkbox"/>	Discharge When Meets Criteria	T;N
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q15min, For 1 hr, then q1h X 2 hr
<input type="checkbox"/>	Vital Signs	T;N+180, Monitor and Record T,P,R,BP, q8h(std)
Activity		
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N+120, Comment: X 2 hours post bronchoscopy
<input type="checkbox"/>	American Diabetic Association Adult Diet (ADA Diet Adult)	Start at: T;N+120
<input type="checkbox"/>	American Heart Association Diet (AHA Diet)	Start at: T;N+120
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N+120
<input type="checkbox"/>	Sodium Control Diet	Start at: T;N+120
<input type="checkbox"/>	Advance Diet As Tolerated	
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, once patient meets criteria post bronchoscopy, return to SDS or floor
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))	T;N q4h(std), Special Instructions: to keep O2 sat \geq 92%
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT) (O2 Sat-Spot Check (RT))	T;N q-shift
Continuous Infusions		
Medications		
<input type="checkbox"/>	codeine	30 mg, Tab, PO, q3h, PRN Cough, Routine, T;N, (24 hr)
<input type="checkbox"/>	albuterol	2.5 mg, Inh Soln, NEB, q4h, PRN Wheezing, Routine, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine



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Medications for DVT Prophylaxis		
<input type="checkbox"/>	VTE Prophylaxis (MEDICAL) Orders	
Laboratory		
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Post Bronchoscopy Biopsy,Stat,Portable, Comment: delay CXR for 2 hours post bronchoscopy procedure
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, for dyspnea, hemoptysis >30mL, chest pain or any distress post bronchoscopy.

Date

Time

Physician's Signature

MD Number

Physician Orders-ADULT

VTE Medical Prophylaxis Orders

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Height: _____ cm Weight: _____ kg

Allergies:

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

NOTE: Medical Risk Factor Assessment, Bleeding Risk Factor Assessment and Mechanical Device (SCD) Contraindication Assessment criteria is listed below VTE orders.

VTE ORDERS

If Bleeding Risk is Present, place SCD order below:

☐ Sequential Compression Device T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present Apply

If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:

☐ heparin 5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.

☐ heparin 5,000 units, Injection, subcutaneous, q8h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.

OR

☐ enoxaparin 40 mg, Injection, Subcutaneous, Qday, Routine, T;N, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Pharmacist may adjust administration times after first dose.

AND BOTH CBCs:

☐ CBC w/o Diff Routine Routine, T;N, once, Type: Blood,

☐ CBC w/o Diff Time Study Routine, T+2;0400, QODay, Type: Blood

Do Not Administer VTE Prophylaxis:

☐ Contraindication-VTE Prophylaxis T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. **Consider early ambulation.**

MEDICAL RISK FACTOR ASSESSMENT: This is a partial list of medical risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

☐ Prolonged immobilization, paralysis, or bed rest ordered

☐ ICU patient

☐ Sepsis diagnosis or Active Infection

☐ Active inflammatory bowel disease

☐ Cancer and/or presence of malignancy

☐ Heart Failure

☐ Respiratory Disease (COPD or Pneumonia)

☐ Ischemic Stroke (non-hemorrhagic)

☐ Prior history of VTE or Pulmonary Embolism

☐ Age greater than 45

☐ Morbid Obesity (BMI greater than 35)

☐ Central Line or PICC Line

☐ Current treatment with estrogens (Oral contraceptives; Hormone Replacement Therapy)

☐ Hereditary clotting disorder

☐ Pregnancy with diagnosed clotting disorder or Antiphospholipid Syndrome diagnosis

☐ Nephrotic Syndrome

☐ No medical risk factors exist



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VTE Medical Prophylaxis Orders

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BLEEDING RISK FACTOR ASSESSMENT: This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

<input type="checkbox"/>	Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy
<input type="checkbox"/>	Active bleeding
<input type="checkbox"/>	INR greater than 1.5 and patient NOT on warfarin therapy
<input type="checkbox"/>	INR greater than 2 and patient ON warfarin therapy
<input type="checkbox"/>	Transplant patients with platelet count less than 100,000
<input type="checkbox"/>	Platelet count less than 50,000 (applies to patients with no history of transplant procedures)
<input type="checkbox"/>	Solid organ transplant during this episode of care OR within 30 days of admission
<input type="checkbox"/>	Documented bleeding or Coagulopathy disorder
<input type="checkbox"/>	Hemorrhagic Stroke within 6 weeks of admission
<input type="checkbox"/>	Severe Uncontrolled Hypertension
<input type="checkbox"/>	Recent Intraocular or Intracranial surgery
<input type="checkbox"/>	Vascular Access or Biopsy sites inaccessible to hemostatic control
<input type="checkbox"/>	Recent Spinal Surgery
<input type="checkbox"/>	Epidural or Spinal Catheter
<input type="checkbox"/>	Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)
<input type="checkbox"/>	Heparin Induced Thrombocytopenia (HIT)
<input type="checkbox"/>	Heparin allergy or pork allergy
<input type="checkbox"/>	No Bleeding Risk Factors exists

MECHANICAL DEVICE (SCD) CONTRAINDICATION ASSESSMENT

<input type="checkbox"/>	Known or suspected deep vein thrombosis or pulmonary embolism
<input type="checkbox"/>	Acute stages of inflammatory phlebitis process
<input type="checkbox"/>	Disruptions in lower extremity skin integrity (surgical incision, recent skin graft, dermatitis, etc.)
<input type="checkbox"/>	Arterial occlusion
<input type="checkbox"/>	Instances where increased venous or lymphatic return is undesirable
<input type="checkbox"/>	Massive lower extremity edema
<input type="checkbox"/>	Unable to place device

Date

Time

Physician's Signature

MD Number