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
  - aachs, 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-One
  - 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