



## Physician Orders ADULT: BMT Transplant Admit Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: BMT Transplant Admit Phase, When to Initiate: \_\_\_\_\_

### BMT Transplant Admit Phase

#### Non Categorized

- ☐ VTE MEDICAL Prophylaxis Plan(SUB)\*  
☐ Notify Physician-Once

Notify For: of room number on arrival to unit

### Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient  
☐ T;N, Bed Type: Other - see Special Instructions, Unit: 4 Crews (DEF)\*  
☐ T;N, Bed Type: Telemetry, Unit: OSCU

### Vital Signs

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

### Activity

- ☐ Bedrest  
☒ Activity As Tolerated  
Up Ad Lib

### Food/Nutrition

- ☒ Regular Diet  
☐ Neutropenic Diet  
☒ Nursing Communication  
T;N, Consider patient neutropenic/immunosuppressed when ANC less than 100.  
☐ Graft versus Host Disease Phase I Diet  
☐ Graft versus Host Disease Phase II Diet  
☐ Consult Clinical Dietitian  
Routine, Type of Consult: Education / Special Diet Instructions, Special Instructions: Neutropenic Diet, 0

### Patient Care

- ☒ Weight  
Routine  
☒ Daily Weights  
T+1;0600, q24h  
☒ Neutropenic Precautions  
Routine





### Physician Orders ADULT: BMT Transplant Admit Plan

- ☐ Isolation Precautions  
*Isolation Type: Contact Precautions*
- ☐ Mouth Care  
*Routine, Oral NS gargles every 4 hrs, after meals, at bedtime and PRN.*
- ☐ Perineal Care  
*Routine, after each bowel movement*
- ☒ Intake and Output  
*Routine, q8h(std), Measure all diarrhea, if stool mixes with urine split documentation 50/50 for stool and urine.*
- ☐ Intermittent Needle Therapy Insert/Site Care  
*q4day, 1 site*
- ☒ Instruct/Educate  
*Instruct: Patient and Family, Topic: about strict handwashing and Universal Precautions.*
- ☐ Central Line May Use  
*Routine, May use Central Line for: No Limits*
- ☒ Nursing Communication  
*T;N, Send stool for C-diff if patient has new onset of diarrhea with 3 or more stools /day or stool 500mL or greater per/day.*
- ☐ Central Line Care  
*Routine*

#### Nursing Communication

- ☐ Nursing Communication  
*T;N, Give 1 unit PRBC filtered and irradiated for Hgb less than 8mg/dL*
- ☐ Transfuse PRBC's - Not Actively Bleeding  
*Routine, T;N, Reason: Other(Specify in Special Instructions), Reason: Give 1 unit PRBC Filtered and Irradiated for Hgb less than 8mg/dL.  
Comments: Give 1 unit PRBC Filtered and Irradiated for Hgb less than 8mg/dL.*
- ☐ Nursing Communication  
*T;N, Give 1 dose of Platelets filtered and irradiated for less than 20K.*
- ☐ Transfuse Platelets  
*Routine, T;N, Reason: Other(Specify in Special Instructions), Dose(s): 1, Special Needs: Leukoreduced and Irradiated, Reason: Give 1 unit Platelets Filtered and Irradiated for Platelets less than 20K.  
Comments: Give 1 unit Platelets Filtered and Irradiated for Platelets less than 20k.*

#### Continuous Infusion

- ☐ Sodium Chloride 0.9%  
*1,000 mL, IV, Routine, 100 mL/hr*

#### Medications





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### Potassium Replacement

- ☐ Nursing Communication  
*T;N, Place order for potassium level 2 hours after completion of PO Potassium replacement or 1 hour after completion of IV potassium infusion*
- ☐ Nursing Communication  
*T;N, After 2 replacements, if Potassium Level has not increased or is less than baseline notify the physician.*
- ☐ Notify Physician-Continuing  
*Notify For: If Potassium Level is less than 2.8mmol/L, or greater than 5.5 mmol/L; or if Potassium Level has not increased or is less than baseline after 2 replacement attempts.*  
If Potassium level of 3.8 - 3.9 mmol/L, order below:(NOTE)\*
- ☐ **+1 Hours** potassium chloride  
*20 mEq, ER Tablet, PO, prn, PRN Hypokalemia, Routine*  
*Comments: Give for Potassium level 3.8 - 3.9 mmol/L*
- ☐ **+1 Hours** potassium chloride  
*20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine, ( infuse over 2 hr )*  
*Comments: For use if pt is unable to take PO. Give for Potassium level 3.8- 3.9 mmol/L*  
If Potassium level of 3.7 mmol/L or less, order below:(NOTE)\*
- ☐ **+1 Hours** potassium chloride  
*40 mEq, ER Tablet, PO, q4h, PRN Hypokalemia, Routine, (for 2 dose )*  
*Comments: Give for serum potassium less than 3.7mmol/L . Give 40 mEq, order potassium level 2 hours after dose and repeat for a total of 80 mEq if repeat level is less than 3.7 mmol/L*
- ☐ **+1 Hours** potassium chloride  
*40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine, ( infuse over 4 hr )*  
*Comments: For use if pt is unable to take PO. Give for serum potassium less than 3.7 mmol/L . Give 40 mEq, order potassium level 1 hour after infusion and repeat for a total of 80 mEq if repeat level is less than 3.7 mmol/L .*

### Magnesium Replacement Infusion

- ☐ Nursing Communication  
*T;N, Place order for Magnesium Level 4 hours after completion of Magnesium replacement if initial magnesium level is less than 1.4mg/dL*
- ☐ Notify Physician-Continuing  
*Notify For: If magnesium level is less than 1.1 mg/dL or if magnesium level has not increased above 1.9mg/dL after two replacement attempts*  
If Magnesium level of 1.5 - 1.9 mg/dL order below:(NOTE)\*
- ☐ **+1 Hours** magnesium sulfate  
*2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 2 hr )*  
*Comments: Give for Magnesium level of 1.5 - 1.9 mg/dL*  
If Magnesium level of 1.4 mg/dL or less order below:(NOTE)\*





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- ☐ **+1 Hours** magnesium sulfate  
4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 4 hr )  
Comments: Give for magnesium level of 1.4 mg/dL. Give 4g and repeat Mg level in 4 hours.  
After 2 consecutive replacements if Mg level has not increased above 1.9mg/dL , notify physician.

#### Phosphate Replacement

- ☐ Nursing Communication  
T;N, Place order for Phosphorus Level 4 hours after completion of IV Phosphorus replacement 2 hours after completion of PO Phosphorus replacement as directed.
- ☐ Nursing Communication  
T;N, Notify MD if phosphorus level has not increased above 1.5 mg/dL after phosphate replacement
- ☐ Nursing Communication  
T;N, Look at potassium level to determine appropriate IV phosphorus product: use K Phos if K less than 4.0 mg/dL and Na Phos if K greater than or equal 4.0 mg/dL.
- ☐ Notify Physician-Continuing  
Notify For: if Phosphorus level has not increased above 1.5 mg/dL after Phosphate replacement.  
If Phosphorus level of 1.5 - 1.9 mg/dL, order below:(NOTE)\*
- ☐ **+1 Hours** K-Phos Neutral  
1 tab, Tab, PO, q4h, PRN Hypophosphatemia, Routine, (for 2 dose )  
Comments: Give if Phosphorus level of 1.5 - 1.9 mg/dL. Repeat dose in 4 hours for total of 2 doses
- ☐ **+1 Hours** sodium phosphate  
30 mmol, Injection, IV Piggyback, prn, PRN Hypophosphatemia, Routine, ( infuse over 3 hr ), in 100 mL NS  
Comments: Use only if pt is unable to take PO, Give for phosphorus level of 1.5 - 1.9 mg/dL.  
If Phosphorus level of 1 - 1.4 mg/dL, order below:(NOTE)\*
- ☐ **+1 Hours** K-Phos Neutral  
2 tab, Tab, PO, q4h, PRN Hypophosphatemia, Routine, (for 4 dose )  
Comments: Give for phosphorus level of 1- 1.4 mg/dL. Repeat dose every 4 hours for a total of 4 doses.
- ☐ **+1 Hours** sodium phosphate  
45 mmol, Injection, IV Piggyback, prn, PRN Hypophosphatemia, Routine, ( infuse over 6 hr ), 100 mL NS  
Comments: Use only if pt is unable to take PO, Give for phosphorous level less than 1.5mg/dL. Repeat level 4 hours after IV phosphorous infusion, notify MD if repeat level less than 1.5mg/L
- ☐ **+1 Hours** potassium phosphate  
45 mmol, Injection, IV Piggyback, prn, PRN Hypophosphatemia, Routine, ( infuse over 6 hr ), in 100 mL NS





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*Comments: Use only if pt is unable to take PO and potassium less than 4.0 mmol/L. Give for phosphorous level less than 1.5mg/dL Repeat level 4 hours after IV phosphorous infusion. notify MD if repeat level less than 1.5mg/L*

### Calcium Replacement

For MD: If serum albumin is less than 3.4 gm/dL, the serum Calcium should be adjusted using the following formula: Correct Calcium = (4 - patient's albumin) x 0.8 + patient's total Calcium level(NOTE)\*

- ☐ Nursing Communication  
*T;N, Place order for calcium level 2 hours after completion Calcium replacement as directed.*
- ☐ Nursing Communication  
*T;N, IF IONIZED CALCIUM LEVEL Result is available replace CALCIUM BASED ON THE IONIZED CALCIUM LEVEL*
- If Ionized Calcium level of 1.1 mmol/L or greater OR Serum Calcium level of 8.5 mg/dL or greater, No Coverage(NOTE)\*
- If Ionized Calcium level of 1.04 - 1.09 mmol/L OR Serum Calcium level of 8 - 8.4 mg/dL, order below:(NOTE)\*
- ☐ **+1 Hours** calcium gluconate  
*1 g, Injection, IV Piggyback, prn, PRN Hypocalcemia, Routine, ( infuse over 1 hr ), in 100 ml NS*  
*Comments: Give if for Ionized Calcium level of 1.04 - 1.09 mmol/L OR If Serum Calcium level of 8 - 8.4 mg/dL*
- If Ionized Calcium level less than 1.03 mmol/L OR Serum Calcium level less than 8 mg/dL, order below:(NOTE)\*
- ☐ **+1 Hours** calcium gluconate  
*2 g, Injection, IV Piggyback, prn, PRN Hypocalcemia, Routine, ( infuse over 1 hr ), in 100 ml NS*  
*Comments: Give for ionized calcium level less than 1.03 mmol/L OR serum calcium level less than 8 mg/dL. May be given via peripheral line*

### Antihypertensives

- ☐ **+1 Hours** enalapril  
*1.25 mg, Injection, IV Push, q6h, PRN Hypertension*  
*Comments: For SBP greater than 150 or DBP greater than 90, initial treatment*
- ☐ **+1 Hours** hydrALAZINE  
*5 mg, Injection, IV Push, q6h, PRN Hypertension, Routine*  
*Comments: For SBP greater than 150 or DBP greater than 90 if enalapril is not effective. Alternate with enalapril if blood pressure not controlled with enalapril alone*

### Antiemetics

- ☐ **+1 Hours** LORazepam  
*1 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine*  
*Comments: use first for nausea/vomiting*
- ☐ **+1 Hours** LORazepam  
*1 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine*  
*Comments: If unable to take PO use first for nausea/vomiting*





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- ☐ **+1 Hours** prochlorperazine  
10 mg, Tab, PO, q6h, PRN Nausea/Vomiting, Routine  
Comments: use second if no response to Lorazepam for nausea/vomiting max dose 40mg/day
- ☐ **+1 Hours** prochlorperazine  
10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine  
Comments: If unable to take PO use second for nausea/vomiting if no response to Lorazepam.
- ☐ **+1 Hours** ondansetron  
8 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine  
Comments: use third for nausea/vomiting, if no response to prochlorperazine.
- ☐ **+1 Hours** ondansetron  
8 mg, Injection, IV Piggyback, q8h, PRN Nausea/Vomiting, Routine  
Comments: If unable to use PO use third for nausea/vomiting.

**Miscellaneous Medications**

- ☐ **+1 Hours** pantoprazole  
40 mg, DR Tablet, PO, QDay, Routine  
Comments: DO NOT CHEW,CUT, OR CRUSH
- ☐ **+1 Hours** docusate  
100 mg, Cap, PO, hs, PRN Constipation, Routine  
Comments: hold for loose stool/diarrhea
- ☐ **+1 Hours** zolpidem  
5 mg, Tab, PO, hs, PRN Insomnia, Routine
- ☐ **+1 Hours** oxyCODONE
  - ☐ 5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine (DEF)\*
  - ☐ 5 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** acetaminophen  
650 mg, Tab, PO, q4h, PRN Other, specify in Comment, Routine  
Comments: For Temp greater than or = to 38.3° C, max dose 4 gm per 24 hours, Pain, Mild (1-3) or pre medication for blood products.
- ☐ **+1 Hours** diphenhydrAMINE  
25 mg, Cap, PO, q6h, PRN Other, specify in Comment, Routine  
Comments: itching, flushing, or pre medication for blood products
- ☐ **+1 Hours** diphenhydrAMINE  
25 mg, Injection, IV Push, q6h, PRN Other, specify in Comment, Routine  
Comments: If unable to take PO for itching, flushing, or pre medication for blood products

**Laboratory**

- ☐ Type and Screen





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*Routine, T;N, Type: Blood*

*Comments: Good for 3 days of draw, best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+3;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+6;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+9;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+12;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+15;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+18;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+21;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+24;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*

☐ Type and Screen

*Routine, T+27;N, Type: Blood*

*Comments: Good for 3 days from draw date. Best if done the day before needed. Blood bank uses the same fin # .*







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NOTE: Before Blood products can be transfused, place a Type and Crossmatch order below:(NOTE)\*

- ☐ Type and Crossmatch PRBC  
*Routine, T;N, Special Needs: Leukoreduced and Irradiated, Type: Blood*  
*Comments: Good for 3 days only*
- ☐ Crossmatch Units from Type and Screen  
*Routine, T;N, Special Needs: Leukoreduced and Irradiated*
- ☒ CBC with Diff  
*STAT, T;N, once, Type: Blood*
- ☒ CBC with Diff  
*Time Study, T;N, q24h, Type: Blood*  
*Comments: When ANC below 500 Nurse to Cancel CBC with Diff then enter order for CBC w/o Diff q24h*
- ☐ CBC w/o Diff  
*Routine, T;0400, qam, Type: Blood*
- ☐ Nursing Communication  
*T;N, When ANC < 500, Nurse to Cancel CBC with Diff then enter order for CBC w/o Diff q24h. DO NOT call the physician for ANC less than 500.*
- ☒ APTT  
*STAT, T;N, once, Type: Blood*
- ☒ APTT  
*Routine, T;0400, Monday, Type: Blood*
- ☒ PT  
*STAT, T;N, once, Type: Blood*
- ☒ PT  
*Routine, T;0400, Monday, Type: Blood*
- ☒ Fibrinogen Level  
*STAT, T;N, once, Type: Blood*
- ☒ CMP  
*STAT, T;N, once, Type: Blood*
- ☒ CMP  
*Time Study, T;N, q24h, Type: Blood*
- ☐ Phosphorus Level  
*STAT, T;N, once, Type: Blood*
- ☒ Phosphorus Level  
*Time Study, T;N, q24h, Type: Blood*
- ☐ Magnesium Level  
*STAT, T;N, once, Type: Blood*
- ☒ Magnesium Level







**Physician Orders ADULT: BMT Transplant Admit Plan**

- ☐ *Time Study, T;N, q24h, Type: Blood*
- ☐ Uric Acid Level  
*STAT, T;N, once, Type: Blood*
- ☐ Urinalysis w/Reflex Microscopic Exam  
*Routine, T;N, once, Type: Urine, Nurse Collect*
- ☐ Urine Culture  
*Routine, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect*
- ☐ Nursing Communication  
*T;N, If UA results positive order Urine culture*
- ☐ Pregnancy Screen Serum  
*Routine, T;N, Type: Blood*
- ☐ Pregnancy Screen Urine  
*Routine, T;N, Type: Urine, Nurse Collect*
- ☐ Tacrolimus Level  
*Time Study, T;0400, q24h, Type: Blood*
- ☐ ViraCor HHV-6 qPCR, Plasma  
*Routine, T;0400, Monday, Type: Blood*
- ☐ ViraCor Aspergillus Galactomannan EIA  
*Routine, T;0400, MonThu, Type: Blood*
- ☐ Cytomegalovirus by PCR Quantitative Plasma  
*Routine, T;0400, MonThu, Type: Blood*
- ☐ Epstein-Barr Virus by PCR Quantitative  
*Routine, T;0400, Monday, Type: Blood*

**Microbiology**

- NOTE to MD: If cultures are to be drawn peripherally AND from a Line, order below:(NOTE)\*
- ☐ IVD Blood Culture  
*STAT, T;N, once, Specimen Source: Peripheral Blood*
- ☐ IVD Blood Culture  
*STAT, T;N, once, Specimen Source: Line*
- NOTE to MD: If cultures are to be drawn peripherally ONLY, order below:(NOTE)\*
- ☐ Blood Culture  
*Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood*
- NOTE to MD: If cultures are to be drawn from Line ONLY, order below:(NOTE)\*
- ☐ Blood Culture  
*Routine, T;N, Specimen Source: Line Other: Label each bottle with specific port collected from.,  
Collection Comment: Label bottle with spec Port  
Comments: Collect one sample from each port and label each bottle with specific port  
collected from.*





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- ☐ Blood Culture  
*Routine, T;N, Specimen Source: Line Other: Label each bottle with specific port collected from.,  
Collection Comment: Label bottle with spec Port  
Comments: Collect one sample from each port and label each bottle with specific port  
collected from.*
- ☐ Blood Culture  
*Routine, T;N, Specimen Source: Line Other: Label each bottle with specific port collected from.,  
Collection Comment: Label bottle with spec Port  
Comments: Collect one sample from each port and label each bottle with specific port  
collected from.*
- ☐ Blood Culture  
*Routine, T;N, Specimen Source: Line Other: Label each bottle with specific port collected from.,  
Collection Comment: Label bottle with spec Port  
Comments: Collect one sample from each port and label each bottle with specific port  
collected from.*

**Diagnostic Tests**

- ☒ Chest 1 VW  
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable  
Comments: Reason for Exam: Preantineoastic Therapy*

**Consults/Notifications/Referrals**

- ☐ PICC Nurse Consult  
*Routine, Reason for Consult: PICC Line Insertion*
- ☒ Notify Physician For Vital Signs Of  
*BP Systolic < 90, Mean BP < 60*
- ☒ Notify Physician-Once  
*Notify For: If stool for C-Diff results are positive*
- ☒ Notify Physician-Continuing  
*Notify For: Notify For: if serum Creatinine is greater than 2 mg/dL*

\_\_\_\_\_  
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



*Attach patient label here*



**Physician Orders ADULT: BMT Transplant Admit Plan**

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

