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
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- Isolation 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

- Central Line May Use
  - Routine, May use Central Line for: No Limits

- 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
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

+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.

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
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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: abel 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
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Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order