Initiate Orders Phase
Care Sets/Protocols/PowernPlans
☑ Initiate Powerplan Phase
   Phase: Medical Oncology Admit Phase, When to Initiate: ____________________________

Medical Oncology 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

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
☐ Whole Blood Glucose Nsg
   achs, No finger sticks

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
   1,000 mL, IV, Routine, 75 mL/hr

Medications
☐ +1 Hours famotidine
   20 mg, Tab, PO, bid, Routine
Physician Orders ADULT: Medical Oncology Admit Plan

+1 Hours oxyCODONE
5 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7)

+1 Hours acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine

+1 Hours alteplase
2 mg, Injection, IV, QDay, PRN Cath Clearance

+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

NOTE: May repeat dose once within 1 hour nightly 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

Comments: 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

Comments: Give prior to transfusion (up to 30 minutes)

+1 Hours acetaminophen
650 mg, Tab, PO, prn, PRN Premedication for blood products, Routine

Comments: Give prior to transfusion (up to one hour)

NOTE: Laxative of Choice Orders below:(NOTE)*

+1 Hours docusate-senna 50 mg-8.6 mg oral tablet
1 tab, Tab, PO, bid, PRN Constipation, Routine


+1 Hours magnesium hydroxide
30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine


+1 Hours bisacodyl
5 mg, DR Tablet, PO, QDay, PRN Constipation, Routine


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

☑ BMP
  STAT, T;N, Type: Blood

☑ BMP
  Routine, T;N, qam, Type: Blood

☑ CMP
  STAT, T;N, Type: Blood

☑ Magnesium Level
  Routine, T;N, once, Type: Blood
Physician Orders ADULT: Medical Oncology Admit Plan

☐ Phosphorus Level  
   Routine, T;N, once, Type: Blood

☐ PT  
   Routine, T;N, once, Type: Blood

☐ PTT  
   Routine, T;N, once, Type: Blood

☐ Uric Acid Level  
   Routine, T;N, once, Type: Blood

☐ D-Dimer Quantitative  
   Routine, T;N, once, Type: Blood

☐ Type and Screen  
   Routine, T;N, Type: Blood

Consults/Notifications/Referrals

☐ Notify Physician-Once
   Notify: 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

☐ Notify Physician-Continuing
   Notify For: If platelets less than 30,000

☐ 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
   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: ______________________
**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