



Physician Orders ADULT: Medical Oncology Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- 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



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- +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
Comments: 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
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.

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



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- 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
- Notify Physician-Continuing
Notify For: _____
- 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: _____



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Date	Time	Physician's Signature	MD Number
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***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