Physician Orders ADULT: Pulmonary Embolism Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: Pulmonary Embolism Phase, When to Initiate:__________________________

Pulmonary Embolism 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: OP OBSERVATION Services

☐ Notify Physician-Once
  Notify For: Notify of room number upon arrival to unit

Vital Signs
☑ Vital Signs
  Monitor and Record T,P,R,BP, q2h for 4h, then q4h for 24h, then routine

Activity
☑ Bedrest
  Routine
☐ Bedrest w/BRP
  Routine

Food/Nutrition
☐ AHA Diet
☐ Consistent Carbohydrate Diet
  Caloric Level: 1800 Calorie, Insulin: [] No Insulin [] Short Acting
  [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;
  Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis ☐ Regular Adult Diet

Patient Care
☑ O2 Sat Monitoring NSG
  Routine

Respiratory Care
☑ O2-BNC
  Routine, 2 L/min, Special Instructions: titrate to keep oxygen saturation >/=92%
☐ ABG- RT Collect
  T;N Routine once

Medications
NOTE: In addition to this plan, please use the Heparin VTE Protocol Orders if needed for this patient.(NOTE)*

☐ +1 Hours enoxaparin
  1 mg/kg, Injection, Subcutaneous, q12h, Routine, If CrCl < 30 ml/min, use q 24 hrs
  Comments: If CrCl < 30 ml/min, use q24 hrs

☐ +1 Hours warfarin
  mg, Tab, PO, QDay, Routine

☐ +1 Hours famotidine
  20 mg, Tab, PO, q12h, Routine
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- **+1 Hours** famotidine
  20 mg, Injection, IV Push, q12h, Routine

- **+1 Hours** pantoprazole
  40 mg, DR Tablet, PO, QDay, Routine
  Comments: DO NOT CHEW, CUT, OR CRUSH

- **+1 Hours** pantoprazole
  40 mg, Granule, NG, QDay, Routine

- pantoprazole
  40 mg, Injection, IV Push, QDay, Routine

**Laboratory**
- D-Dimer Quantitative
  STAT, T;N, once, Type: Blood
- CBC
  STAT, T;N, once, Type: Blood
- CBC
  Routine, T+1;0400, once, Type: Blood
- BMP
  STAT, T;N, once, Type: Blood
- BMP
  Routine, T+1;0400, once, Type: Blood
- PT/INR
  STAT, T;N, once, Type: Blood
- PT/INR
  Routine, T+1;0400, qam, Type: Blood

**Diagnostic Tests**
- US Ext Lower Ven Doppler W Compress Bil
  T;N, Reason for Exam: DVT (Deep Vein Thrombosis), Routine, Stretcher
- US Ext Lower Ven Doppler W Compress LT
  T;N, Reason for Exam: DVT (Deep Vein Thrombosis), Routine, Stretcher
- US Ext Lower Ven Doppler W Compress RT
  T;N, Reason for Exam: DVT (Deep Vein Thrombosis), Routine, Stretcher
- CT Thorax W Cont Plan(SUB)*
- NM Pulm Ventilation and Perfusion Img
- Chest 1 View
  T;N, Reason for Exam: SOB (Shortness of Breath), Routine, Portable
- Chest 2 Views
  T;N, Reason for Exam: SOB (Shortness of Breath), Routine, Stretcher
- Electrocardiogram
  Start at: T;N, Priority: Routine, Reason: Shortness of Breath
  the following two radiology exams must be ordered together: (NOTE)*
- Echo Adult
  Start at: T;N, Priority: Routine, Reason: Shortness of Breath (SOB)
- SP Venogram Caval Inferior W Serialogram
  T;N, Reason for Exam: PE, Routine

**Consults/Notifications/Referrals**
- Physician Consult
  Pulmonary
- Physician Consult
  Cardiothoracic Surgeon
- Physician Consult
  Reason for Consult: IVC Filter, General Surgeon
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☐ Physician Consult
  Reason for Consult: Thrombolytic Therapy
☐ Consult Clinical Pharmacist
  Reason: Adjust Meds for Renal Function
☐ Consult Clinical Pharmacist
  Reason: Teaching for patient home Lovenox injections
☐ Consult Case Management
  Routine, Reason: Discharge Planning
☐ Consult Case Management
  Routine, home use Lovenox injections
☐ Consult Case Management
  Routine, home use Lovenox injections
☐ Consult Clinical Dietitian
  Type of Consult: Education, Special Instructions: Diet in relation to coumadin therapy
☐ Pharmacy Consult - Warfarin Dosing
  Routine, qam

__________________   _________________   ______________________________________
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