Physician Orders ADULT: GI Hemorrhage Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- [ ] Initiate Powerplan Phase
  
  *Phase: GI Hemorrhage Phase, When to Initiate:______________________________*

GI Hemorrhage 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: physician, Notify For: of room number upon arrival to unit*

Vital Signs
- [ ] Vital Signs
  
  *Monitor and Record T,P,R,BP, q4h(std)*

- [ ] Vital Signs
  
  *Monitor and Record T,P,R,BP, q8h(std)*

- [ ] Orthostatic Blood Pressure
  
  *Routine, q12h(std)*

Activity
- [ ] Bedrest
- [ ] Bedrest w/BRP
- [ ] Activity As Tolerated

Food/Nutrition
- [ ] NPO
- [ ] NPO

  *Instructions: NPO except for medications*

- [ ] Clear Liquid Diet
  
  *Start at: T;N*

Patient Care
- [ ] Intake and Output
  
  *q4h(std), Strict I & O*

- [ ] NGT Insert

- [ ] NGT
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Suction Strength: Low Intermittent

☐ Bedside Glucose Nsg
  achs

☐ IV Insert/Site Care
  q4day

☐ Consent Signed For
  T;N, Procedure: EGD

☐ Consent Signed For
  T;N, Procedure: Colonoscopy

☐ Consent Signed For
  T;N, Procedure: EGD and Colonoscopy

☐ Consent Signed For
  T;N, Procedure: Enteroscopy

☐ Consent Signed For
  T;N, Procedure: Blood Transfusion

Nursing Communication

☐ Nursing Communication
  Obtain HCT for Heme positive stools

Respiratory Care

☐ O2-BNC
  Routine, 2 L/min, Special Instructions: Titrate to keep O2 sat >/= 92%
  Comments: O2 sat spot check will be done as needed to maintain oxygen level unless otherwise indicated by the physician.

☐ O2 Sat-Spot Check (RT)
  prn PRN

Continuous Infusion

☐ NS
  1,000 mL, IV, Routine, 50 mL/hr

☐ NS Bolus
  1,000 mL, Injection, IV Piggyback, q1h, STAT, (for 2 dose ), 1,000 mL/hr ( infuse over 0 D5-0.45NaCl
  1,000 mL, IV, Routine, 50 mL/hr

☐ D5NS
  1,000 mL, IV, Routine, 100 mL/hr

☐ D5NS
  1,000 mL, IV, Routine, 125 mL/hr

☐ D5NS KCl 20 mEq
  1,000 mL, IV, Routine, 50 mL/hr

☐ LR
  1,000 mL, IV, Routine, 100 mL/hr
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☐ pantoprazole
  80 mg, Injection, IV Push, once, Routine

☐ pantoprazole infusion (IVS)*
  Sodium Chloride 0.9%
  80 mL, IV, Routine, 8 mg/hr, 10 mL/hr, 8 mg/hr = 10 mL/hr
  Comments: Conc: 0.8 mg/mL; 8 mg/hr = 10 mL/hr
  pantoprazole (additive)
  80 mg

☐ octreotide
  50 mcg, Injection, IV Push, once, Routine

☐ octreotide infusion (IVS)*
  Sodium Chloride 0.9%
  50 mL, IV, Routine, 5 mL/hr, 50 mcg/hr
  octreotide (additive)
  500 mcg

Medications

☐ pantoprazole
  40 mg, Injection, IV Push, q12h, Routine

☐ cefTRIAxone
  1 g, Injection, IV Piggyback, QDay, Routine

☐ metroNIDAZOLE
  500 mg, Injection, IV Piggyback, q8h, Routine

☐ ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
  Comments: severe nausea

☐ prochlorperazine
  5 mg, Injection, IV Push, q6h, PRN Nausea
  Comments: Give if no relief from ondansetron.

Laboratory

☐ Occult Blood, Stool
  T;N, Routine, Type: Stool, Nurse Collect

☐ Occult Blood x 3 Specimens Plan(SUB)*

☐ Hgb & Hct
  Time Study, T;N, q6h x 3 day, Type: Blood

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

☐ CBC
  T+1:0400, Routine, once, Type: Blood

☐ BMP
  Routine, T;N, once, Type: Blood
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☐ BMP  
   "Routine, T+1:0400, once, Type: Blood"

☐ CMP  
   "T;N,Routine,once,Type: Blood"

☐ CMP  
   "Routine, T+1:0400, once, Type: Blood"

☐ PT/INR  
   "T;N,Routine,once,Type: Blood"

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

☐ Type and Screen  
   "Routine, T;N, Reason for Type and Screen:________________, Transfusion Date Expected:________________, Type: Blood"

☐ Type and Crossmatch PRBC  
   "Routine, T;N, 2 units, Type: Blood"

☐ Blood Keep Ahead Order  
   "Routine, T;N, 2 units"

☐ Transfuse PRBC’s - Not Actively Bleeding  
   "Routine, T;N"

☐ Transfuse PRBC’s - Actively Bleeding  
   "Routine, T;N"

☐ Hold PRBC  
   "Routine, T;N"

☐ GGT  
   "T;N,Routine,once,Type: Blood"

☐ TSH  
   "T;N,Routine,once,Type: Blood"

☐ Folate Level  
   "T;N,Routine,once,Type: Blood"

☐ Magnesium Level  
   "T;N,Routine,once,Type: Blood"

☐ Ammonia Level  
   "T;N,Routine,once,Type: Blood"

Diagnostic Tests

☐ EKG  
   "Start at: T;N, Priority: Routine, GI Bleed"

☐ NM GI Acute Blood Loss Imag  
   "T;N, Reason for Exam: Locate GI Bleed Site, Routine, Stretcher"

☐ CT Angio Abdomen and Pelvis W/WO Cont Plan(SUB)*
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- Consult IR (Interventional Radiologist)
  
  T;N, Reason For Exam Other, Enter in Comments, Routine, Stretcher
  Comments: Mesenteric Angiogram

Consults/Notifications/Referrals

- Consult MD
  Gastroenterology

- GI Lab Request To Schedule
  T;N

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