



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 \geq 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, 8mg/hr=10ml/hr
Comments: Conc: 0.8 mg/mL; 8mg/hr=10ml/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
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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

