Physician Orders ADULT: General Medicine Observation Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase

T;N, Phase: General Medicine Observation Phase, When to Initiate:___________________

General Medicine Observation Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Outpatient

T;N, Attending Physician:_______________________________________________________

Reason for Visit:______________________________________________________________

Bed Type:____________________________________________ Specific Unit:_________________

Outpatient Status/Service: [ ] OP OBSERVATION Services Team:___________________

☐ Vital Signs

☐ T;N, Monitor and Record T,P,R,BP, q4h(std), for 24 hours, then q-shift (DEF)*

☐ T;N, Monitor and Record T,P,R,BP, q8h(std)

Activity

☐ Out Of Bed

T;N, Up As Tolerated

☐ Bedrest

T;N

☐ Bedrest w/BRP

T;N

Food/Nutrition

☐ Regular Adult Diet

Start at: T;N

☐ Consistent Carbohydrate Diet

Start at: T;N, 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

Start at: T;N, Caloric Level: 2000 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

☐ Low Sodium Diet

Start at: T;N, Level: 2 gm

☐ American Heart Association Diet

Start at: T;N

☐ Dysphagia Diet

Start at: T;N

☐ Clear Liquid Diet

Start at: T;N

☐ Renal Diet On Dialysis

Start at: T;N

☐ Renal Diet Not On Dialysis
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Start at: T;N

☐ NPO
  ☐ Start at: T;N, Instructions: NPO except for medications (DEF)*
  ☐ Start at: T;2359
  ☐ Start at: T;2359, Instructions: NPO except for medications

Patient Care

☐ IV Insert/Site Care
  T;N, Routine, q4day

☐ Advance Diet As Tolerated
  T;N, Start Clear Liquids and advance to regular diet as tolerated

☐ Intake and Output
  T;N, Routine, q8h(std)

☐ Daily Weights
  T;N

☐ Elevate Head Of Bed
  T;N, 30 degrees

☐ O2 Sat Spot Check-NSG
  T;N, with Vital Signs

☐ O2 Sat Monitoring NSG
  T;N

☐ Code Status
  T;N

Respiratory Care

☐ Nasal Cannula
  T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air (DEF)*
  T;N, 2 L/min

☐ Simple Facemask
  T;N, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

☐ BiPAP
  ☐ T;N (DEF)*
  ☐ T;N, Special Instructions: May use home equipment

Continuous Infusion

☐ Dextrose 5% in Water
  1,000 mL, IV, 75 mL/hr

☐ Dextrose 5% with 0.45% NaCl
  1,000 mL, IV, 75 mL/hr

☐ Sodium Chloride 0.9%
  1,000 mL, IV, 75 mL/hr

☐ Sodium Chloride 0.45%
  1,000 mL, IV, 75 mL/hr
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Medications

☐ +1 Hours Sodium Chloride 0.9% Bolus
  ☐ 500 mL, IV Piggyback, once, STAT, (infuse over 30 min) (DEF)*
    Comments: Infuse over 30 min, STAT
  ☐ 1,000 mL, IV Piggyback, once, STAT, (infuse over 60 min)
    Comments: Infuse over 60 min, STAT

☐ Laxative of Choice Orders Plan(SUB)*

☐ +1 Hours Maalox Advanced Maximum Strength
  15 mL, Oral Susp, PO, q6h, PRN Indigestion

☐ +1 Hours promethazine
  12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
  4 mg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine

☐ +1 Hours diphenhydrAMINE
  25 mg, Cap, PO, tid, Itching, Routine

☐ +1 Hours nitroglycerin
  0.4 mg, Tab, SL, q5min, PRN Chest Pain, Routine
    Comments: Max: 3 doses in 15 min

☐ +1 Hours acetaminophen
  650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
    Comments: Max Dose 4g/day.

☐ +1 Hours acetaminophen
  650 mg, Supp, PR, q4h, PRN Pain or Fever, Routine
    Comments: Max Dose 4g/day. Comment: Give if unable to take PO

☐ +1 Hours morphine
  2 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours HYDROMorphone
  0.5 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine
  For Severe Pain choose ONE of the following orders below(NOTE)*

☐ +1 Hours morphine
  4 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours HYDROMorphone
  1 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine

☐ VTE MEDICAL Prophylaxis Plan(SUB)*

☐ Neuro Antihypertensive PRN Meds Plan(SUB)*

☐ Antibiotic Formulary Plan(SUB)*
  Insulin Sliding Scale per MD Orders are available to order outside this plan or order Insulin Sliding Scale Protocol below.(NOTE)*

☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
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- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*

Laboratory
- Routine AM Diagnostic Plan(SUB)*
- Pregnancy Screen Serum
  - Routine, T;N, once, Type: Blood
- HIV Ab/Ag Screen
  - Routine, T;N, once, Type: Blood
- HIV-1,2 Ab/Ag Screen
  - Routine, T;N, once, Type: Blood
- Hepatitis Profile (A,B & C)
  - Routine, T;N, once, Type: Blood
- TSH
  - Routine, T;N, once, Type: Blood
- Lipid Profile
  - Routine, T;N, once, Type: Blood

Diagnostic Tests: Include Reason for Exam
- EKG
  - Start at: T;N, Priority: Stat
- CT Brain/Head WO Cont
  - T;N, Routine, Stretcher
- CT Thorax W Cont Plan(SUB)*
- CT Abdomen W Cont Plan(SUB)*
- CT Pelvis W Cont Plan(SUB)*
- CT Abdomen & Pelvis W/Cont Plan(SUB)*
- US Abd Comp W/Delay Diet Plan(SUB)*
- US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*
- US Ext Lower Ven Doppler W Compress Bil
  - T;N, Routine

Consults/Notifications/Referrals
- Notify Physician-Once
  - T;N, room number on arrival to unit
- Notify Physician of Chest Pain
  - T;N, Notify for chest pain unrelieved by nitroglycerin
- Notify Physician-Once
  - T;N, Notify: Admitting MD, patient's arrival on floor
- Notify Resident-Once
  - T;N, Notify: Admitting Service Resident, notify upon arrival to floor
- Notify Resident-Continuing
  - T;N, Notify: Attending MD, any problems or concerns
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☐ Notify Physician-Continuing

  T;N, Notify: Attending MD, any problems or concerns

☐ Case Management Consult

  T;N Routine, Reason: Discharge Planning

☐ Medical Social Work Consult

  T;N, Routine

☐ Consult Service Line

  T;N

☐ Physician Consult

  T;N, Routine

☐ Physician Group Consult

  T;N, Routine

*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