Physician Orders ADULT: MECH Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
T;N, Phase: MECH Admit Phase, When to Initiate:__________________________

MECH Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
☐ T;N Admitting Physician: ____________________________________________________
Reason for Visit:________________________________________________________________
Bed Type: Med-Surg Specific Unit: MECH (DEF)*
Care Team: ____________________________ Anticipated LOS: 2 midnights or more

☐ T;N Admitting Physician: ____________________________________________________
Reason for Visit:________________________________________________________________
Bed Type: Telemetry Specific Unit: MECH (DEF)*
Care Team: ____________________________ Anticipated LOS: 2 midnights or more

Vital Signs
☑ Vital Signs
☐ T;N, Monitor and Record T,P,R,BP, q8h(std) (DEF)*
☐ T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity
☐ Out Of Bed
☐ T;N, Up As Tolerated

Food/Nutrition
☐ NPO
Start at: T;N

☐ Nutritional Supplement (Not Tube Feeding)
Start at: T;N

☐ Tube Feeding MECH Bolus
Start at: T;N

☐ Tube Feeding MECH Continuous
Start at: T;N

☐ Consistent Carbohydrate Diet
Start at: T;N, 1800 Calorie (DEF)*
Start at: T;N, 2000 Calorie

☐ Regular Adult Diet
Start at: T;N
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☐ Post CV Surgery Day 1 Diet
   Start at: T;N

☐ AHA Diet
   Start at: T;N, Adult (>18 years)

☐ Renal Diet Not On Dialysis
   Start at: T;N, Adult (>18 years)

☐ Renal Diet On Dialysis
   Start at: T;N, Adult (>18 years)

☐ Snack
   Start at: T;N

☐ Food Preferences
   Start at: T;N

☐ Combo Diet
   Start at: T;N

Patient Care

☐ VTE MEDICAL Prophylaxis Plan(SUB)*

☐ Code Status
   T;N

☐ Weight
   T;N, on admission

☐ Weight
   T;N, Tuesday (DEF)*
   T;N, QDay

☐ Intake and Output
   T;N, q8h(std)

☐ Turn
   T;N, q2h(std)

☐ Whole Blood Glucose Nsg
   T;N, Routine, achs (DEF)*
   T;N, Routine, q6h(std)

☐ Hypoglycemia Protocol Plan(SUB)*

☐ Gastrostomy Tube Care
   T;N

☐ J-Tube/Peg Tube Care
   T;N, Routine

☐ NGT
   T;N

☐ Special Bed Request

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T;N, Type of Bed: Wound-Adult, low air loss (DEF)*
T;N, Type of Bed: Bariatric-Adult

☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol
   T;N, Suction Strength: To Gravity, Supporting diagnosis:____________
   NOTE: For FEMALE patients with an indwelling catheter, place order below:(NOTE)*

☐ Indwelling Urinary Catheter Care
   T;N, Change every 14 days for female patients
   NOTE: For MALE patients with an indwelling catheter, place order below:(NOTE)*

☐ Indwelling Urinary Catheter Care
   T;N, Change every 28 days for male patients

☐ Check/Remove Impaction
   T;N, Routine, prn

☐ Isolation Precautions
   T;N

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

☐ PICC Line Care
   T;N, Routine

☐ Central Line Care
   T;N, Routine

☐ Implanted Port Care
   T;N, Routine

☐ Wound Care
   T;N

☐ Restraint Medical/Surgical(non-violent, non-self-destructive)
   T;N

☐ Suction Patient
   T;N, PRN

☐ Trach Care
   T;N, Routine, q-shift

☐ Cranberry Concentrate
   ☐ T;N, 30, mL, achs, Per: PO (DEF)*
   ☐ T;N, 30, mL, achs, Per: Feeding Tube

Respiratory Care
☐ Nasal Cannula
   T;N

☐ Simple Facemask
   T;N

☐ Non Rebreather Mask
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☐ T;N Trach W/Oxygen  
  ☐ T;N Mechanical Ventilation  
  ☐ MECH Ventilator Weaning Protocol Initiate  
  ☐ T;N Tracheostomy Protocol Initiate

Continuous Infusion

☐ 1/2NS  
  1,000 mL, IV, Routine, 75 mL/hr
☐ NS  
  1,000 mL, IV, Routine, 75 mL/hr
☐ D5 1/2NS  
  1,000 mL, IV, Routine, 75 mL/hr
☐ D5 1/2 NS KCl 20 mEq/L  
  1,000 mL, IV, Routine, 75 mL/hr
☐ D5 1/2 NS KCl 40 mEq/L  
  1,000 mL, IV, Routine, 75 mL/hr
☐ Clinimix with electrolytes  
  1,000 mL, IV, Routine, 75 mL/hr
☐ Clinimix withOUT electrolytes  
  1,000 mL, IV, Routine, 75 mL/hr

Medications

☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
☐ Insulin STANDARD Sliding Scale Plan(SUB)*
☐ Insulin RESISTANT Sliding Scale Plan(SUB)*
☐ +1 Hours alteplase  
  2 mg, Injection, IV, q2h, PRN Other, specify in Comment, (for 2 dose )  
  Comments: Per Thrombolytic Protocol for Declotting of Central Venous Access Devices. Instill in catheter for 120 min. If patency not achieved, may instill as second dose for another 120 min. After 2 doses, contact MD for further orders.

☐ +1 Hours albuterol  
  ☐ 2.25 mg, Inh Soln, NEB, q6h, Routine (DEF)*
  ☐ 2.25 mg, Inh Soln, NEB, q4h, Routine
☐ +1 Hours albuterol  
  2.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine
☐ +1 Hours ipratropium

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☐ 0.5 mg, Inh Soln, NEB, q6h, Routine (DEF)*
☐ 0.5 mg, Inh Soln, NEB, q4h, Routine

☐ +1 Hours ipratropium
  0.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine

☐ +1 Hours acetaminophen
  650 mg, Tab, PO, q6h, PRN Mild Pain or Fever, Routine

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours esomeprazole
  40 mg, Cap, PO, acb, Routine

☐ +1 Hours polyethylene glycol 3350
  17 g, Powder, PO, QDay, PRN, Routine

NOTE: Choose one insomnia medication below:(NOTE)*

☐ +1 Hours temazepam
  15 mg, Cap, PO, hs, PRN Insomnia, Routine

☐ +1 Hours zolpidem
  5 mg, Tab, PO, hs, PRN Insomnia, Routine

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

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

☐ +1 Hours cloNIDine
  0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

NOTE: If allergic to clonidine place order below:(NOTE)*

☐ +1 Hours hydrALAZINE
  10 mg, Injection, IV Push, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

Choose one antiemetic below:(NOTE)*

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

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

☐ +1 Hours prochlorperazine
  5 mg, Injection, IV Push, q6h, PRN Nausea, Routine

Laxative of Choice Orders below:(NOTE)*
Magnesium hydroxide (Milk of Magnesia) not recommended for renal compromised patients.(NOTE)*

☐ +1 Hours Milk of Magnesia
  30 mL, Liq, PO, QDay, PRN Constipation, Routine

Comments: Per Laxative of Choice Protocol, offer first
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☐ +1 Hours bisacodyl
   5 mg, DR Tablet, PO, QDay, PRN Constipation, Routine
   Comments: Per laxative of Choice Protocol, offer second

☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDROMorphine Protocol Plan (Adult)(SUB)*

Laboratory

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

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

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

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

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

☐ Urinalysis w/Reflex Microscopic Exam
   Routine, T;N, Type: Urine, Nurse Collect

Consults/Notifications/Referrals

☐ Notify Physician-Once
   T;N, of room number on arrival to unit.

☐ Physical Therapy Initial Eval and Tx
   T;N, Routine

☐ Occupational Therapy Initial Eval and Tx
   T;N, Routine

☐ Speech Therapy Initial Eval and Tx
   T;N, Routine

☐ Consult Wound Care Nurse
   T;N Routine

☐ PICC Nurse Consult
   T;N

☐ Hemodialysis Unit Consult
   T;N

☐ Medical Social Work Consult
   T;N

☐ Nutritional Support Team Consult
   Start at: T;N, Routine, Reason: Total Parenteral Nutrition

☐ Physician Group Consult
   T;N, Group: Hospice and Palliative Care - xcov
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☐ Physician Consult
  T;N, Reason for Consult: for Hemodialysis

☐ Physician Consult
  T;N

☐ Physician Consult
  T;N

☐ Physician Consult
  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