Physician Orders ADULT: Sickle Cell Inpatient Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase
Phase: Sickle Cell Inpatient Phase, When to Initiate: When patient arrives to unit

Sickle Cell Inpatient 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

Vital Signs

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

Activity

☑ Out Of Bed
Up As Tolerated

☐ Bedrest w/BRP

☐ Bedrest
Routine

Food/Nutrition

☐ Regular Adult Diet

☐ Mechanical Soft Diet

☐ Low Sodium Diet
Level: 2 gm

☐ American Heart Association Diet
Adult (>18 years)

☐ Consistent Carbohydrate Diet
Caloric Level: 1800 Calorie

☐ NPO
Start at: T;2359 (DEF)*
Start at: T

Patient Care

☑ VTE MEDICAL Prophylaxis Plan(SUB)*

☐ IV Insert/Site Care
Routine

☑ O2 Sat Spot Check-NSG
☐ *T;N, Routine, with vital signs* (DEF)*
☐ *T;N, Routine, q8h(std)*

Methodist Le Bonheur Healthcare

Physician Orders ADULT: Sickle Cell Inpatient Plan

☐ O2 Sat Monitoring NSG
  Routine

☐ Implanted Port Access
  May use for IV Fluid Amin/IV Med Admin/Blood Draw/Blood Admin, flush per policy

☐ Implanted Port Care
  Routine, q7Day

☐ Incentive Spirometry NSG
  Routine, q1h-Awake

☐ Telemetry
  Routine

Nursing Communication

☐ Nursing Communication
  T;N, Place order for STAT EKG for Shortness of Breath or Chest pain and notify physician.

☐ Nursing Communication
  T;N, If temp greater than 38.3 Deg C,   obtain Blood cultures q 15 min x 2 and call physician for possible antibiotic orders

☐ Nursing Communication
  T;N, if unable to obtain IV access, place order for PICC nurse consult with reason: PICC Line insertion

Respiratory Care

☑ Nasal Cannula
  2 L/min, Special Instructions: titrate to keep O2 sat =/>92%

Continuous Infusion

☐ **+1 Hours** D5 1/2 NS KCl 20 mEq/L
  20 mEq / 1,000 mL, IV, Routine, 75 mL/hr

☐ **+1 Hours** D5 1/2NS
  1,000 mL, IV, Routine, 75 mL/hr

☐ **+1 Hours** Sodium Chloride 0.9%
  1,000 mL, IV, Routine, 75 mL/hr

☐ **+1 Hours** Sodium Chloride 0.45%
  1,000 mL, IV, Routine, 75 mL/hr

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

☐ PCA - HYDROmorphone Protocol Plan (Adult)(SUB)*

Medications

☐ **+1 Hours** Sodium Chloride 0.9% Bolus
  500 mL, Injection, IV Piggyback, once, STAT, 1,000 mL/hr (infuse over 0
    Comments: bolus

☐ **+1 Hours** acetaminophen
  650 mg, Tab, PO, q6h, PRN Fever, Routine

☐ **+1 Hours** diphenhydrAMINE
  *25 mg, Cap, PO, tid, PRN Itching, Routine (DEF)**

Methodist
Le Bonheur Healthcare

Physician Orders ADULT: Sickle Cell Inpatient Plan

☐   *50 mg, Cap, PO, tid, PRN Itching, Routine*
☐   *25 mg, Injection, IV Push, q6h, PRN Itching, Routine*

☐ **+1 Hours** promethazine
     25 mg, Tab, PO, q6h, PRN Vomiting, Routine

☐ **+1 Hours** ondansetron
     4 mg, Injection, IV Push, q6h, PRN Nausea, Routine

☐ **+1 Hours** folic acid
     1 mg, Tab, PO, QDay, Routine

☐ **+1 Hours** varicella virus vaccine
     0.5 mL, Injection, Subcutaneous, once, Routine

☐ **+1 Hours** pneumococcal 23-polyvalent vaccine
     0.5 mL, Injection, IM, once, Routine

☐ **+1 Hours** influenza virus vaccine, inactivated trivalent intramuscular suspension
     0.5 mL, Injection, IM, once, Routine

☐ **+1 Hours** meningococcal polysaccharide conjugate vaccine group ACYW intramuscular solution
     0.5 mL, Injection, IM, once, Routine
Choose one of the orders below for Mild pain:(NOTE)*

☐ **+1 Hours** ibuprofen
     400 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
OR(NOTE)*

☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
     1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
Choose one of the orders below for Moderate pain:(NOTE)*

☐ **+1 Hours** oxyCODONE
     5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

☐ **+1 Hours** morphine
     2 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
Choose the following order as needed for Severe pain. (Reminder: HYDROmorphone 2mg = morphine 10-14mg)(NOTE)*

☐ **+1 Hours** HYDROmorphone
     2 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
Order one of the below:(NOTE)*

☐ **+1 Hours** docusate-senna 50 mg-8.6 mg oral tablet
     2 tab, Tab, PO, QDay, Routine

☐ **+1 Hours** bisacodyl
     5 mg, DR Tablet, PO, QDay, Constipation, Routine

☐ **+1 Hours** polyethylene glycol 3350
     17 g, Powder, PO, QDay, Routine
       Comments: Mix in 4-8 ounces of water/juice or soda
If fever greater than 101, order Blood culture below and then begin the following antibiotic treatment(NOTE)*

☐ **+1 Hours** Blood Culture

Physician Orders ADULT: Sickle Cell Inpatient Plan

Time Study, q15min x 2 occurrence, Specimen Source: Peripheral Blood, Collection Comment: unless central line in place

☐ **+1 Hours** azithromycin
  500 mg, IV Piggyback, IV Piggyback, q24h, Routine

☐ **+1 Hours** cefTRIAXone
  1 g, IV Piggyback, IV Piggyback, q24h, Routine

☐ **+1 Hours** cefepime
  2 g, IV Piggyback, IV Piggyback, q12h, Routine

☐ **+1 Hours** vancomycin
  1 g, IV Piggyback, IV Piggyback, q12h, Routine
  if Vancomycin ordered, place pharmacy consult below(NOTE)*

☐ **+1 Hours** Pharmacy Consult - Vancomycin Dosing
  Routine, qam

Laboratory

☐ Type and Screen
  Routine, T;N, Type: Blood

☐ Ferritin Level
  Routine, T;N, once, Type: Blood

☐ Troponin-I
  Routine, T;N, once, Type: Blood

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

☐ Vit D 25OH
  Routine, T;N, once, Type: Blood

☐ BNP Pro
  Routine, T;N, once, Type: Blood

☐ Bilirubin Direct
  Routine, T;N, once, Type: Blood

☐ Influenza A/B Antigen
  Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

☐ Creatinine Urine Random
  Routine, T;N, once, Type: Urine, Nurse Collect

☐ Pneumococcal Antigen
  Routine, T;N, once, Type: Urine, Nurse Collect

☐ Legionella Antigen Urine
  Routine, T;N, once, Type: Urine, Nurse Collect

☐ CBC with Diff
  Routine, T+1, qam x 3 day, Type: Blood

☐ CMP
  Routine, T+1, qam x 3 day, Type: Blood
  NOTE: If not done in ED, place orders below:(NOTE)*

Methodist Le Bonheur Healthcare

Physician Orders ADULT: Sickle Cell Inpatient Plan

☐ CBC with Diff
  STAT, T;N, once, Type: Blood
    Comments: On arrival to unit

☐ CMP
  STAT, T;N, once, Type: Blood
    Comments: On arrival to unit

☐ Reticulocyte Count
  STAT, T;N, once, Type: Blood
    Comments: On arrival to unit

☐ BNP
  STAT, T;N, once, Type: Blood

☐ C-Reactive Protein High Sensitivity
  STAT, T;N, once, Type: Blood

☐ LDH
  STAT, T;N, once, Type: Blood

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

☐ Pregnancy Screen Urine
  STAT, T;N, Type: Urine, Nurse Collect

Diagnostic Tests

☑ Chest 2VW Frontal & Lat
  T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Stretcher

☑ Chest 2VW Frontal & Lat
  T+2, Routine, Stretcher
    Comments: To be done 48 hours after admission

☐ TTE Echo W/Contrst or 3D if needed
  Start at: T:N, Priority: Routine, Reason: Shortness of Breath
    Comments: To check tricuspid regurgitant jet velocity and estimate pulmonary vascular pressures

☐ EKG
  Start at: T;N, Priority: Routine, Reason: Shortness of Breath

☐ EKG
  Start at: T;N, Priority: Routine, Reason: Chest Pain/Angina/MI
  If evidence of significant proteinuria, place order below:(NOTE)*

☐ US Retroperitoneal B Scan/Real Time Comp
  T;N, Reason for Exam: Renal Insufficiency, Routine, Stretcher

Consults/Notifications/Referrals

☐ Notify Physician-Once
  Notify: physician, Notify For: of room number on arrival to unit

☑ Notify Physician For Vital Signs Of
  Oxygen Sat < 85

☐ Notify Physician-Continuing

Physician Orders ADULT: Sickle Cell Inpatient Plan

Notify For: Chest Pain or Change in mental status

☐ Notify Physician-Continuing
Notify For: for temp greater than 38.3 Deg C

☑ Medical Social Work Consult
Routine, Reason: Assistance at Discharge

☑ Case Management Consult
Routine, Reason: Discharge Planning

☐ PICC Nurse Consult
Reason for Consult: PICC Line Insertion

☐ Consult Clinical Pharmacist
Reason: evaluate Pain Management Regimen
Consider order below for pain management if patient is located at University:(NOTE)*

☐ Consult Palliative Care

_____	_____	_____	_____
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