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)
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- 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)*
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- 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-polysaccharide 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: HYDROMorphine 2mg = morphine 10-14mg)(NOTE)*

+1 Hours
- HYDROMorphine
  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

Comments: Mix in 4-8 ounces of water/juice or soda
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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)*
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- 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

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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