Physician Orders ADULT: Gastroenteritis Observation Plan

Initiate Orders Phase
Admission/Transfer/Discharge
☑ Patient Status Initial Outpatient
T:N Attending Physician: _____________________________________________
Reason for Visit: ________________________________________________
Bed Type: __________________________________ Specific Unit: ________________
Outpatient Status/Service: Outpatient Status/Service OP-OBSERVATION Services

Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: Gastroenteritis Observation Phase, When to Initiate:________________

Gastroenteritis Observation Phase
Vital Signs
☐ Vital Signs
   Routine Monitor and Record T,P,R,BP, q4h(std)
☐ Orthostatic Blood Pressure
   Stat, with heart rate

Activity
☐ Bedrest
   Routine
☐ Bedrest
   Options: w/BRP
☐ Out Of Bed

Food/Nutrition
☐ NPO
☐ Clear Liquid Diet
   Adult (>18 years)
☐ Full Liquid Diet
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
   Caloric Level: 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
☐ Gastroenteritis Diet

Patient Care
☑ Intermittent Needle Therapy Insert/Site Care
   Stat, q4day
☑ Instruct/Educate
   Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Observation Services
☑ Intake and Output
☐ Weight
   once, Obtain Actual Weight
☐ Nasogastric Tube
   Insert and put to low continuous suction
☐ O2 Sat Continuous Monitoring NSG
   Routine

Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
   1,000 mL, IV Piggyback, IV Piggyback, once, STAT, 1,000 mL/hr
☐ Lactated Ringers Injection
   1,000 mL, IV, Routine, 75 mL/hr
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☐ Dextrose 5% in Lactated Ringers Injection
1,000 mL, IV, Routine, 75 mL/hr

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

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

☐ Dextrose 5% NaCl 0.45% KCl 20 mEq
20 mEq 1,000 mL, IV, Routine, 75 mL/hr

Medications

☐ +1 Hours metoclopramide
10 mg, Injection, IV Push, q6h, Nausea/Vomiting

☐ +1 Hours acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine

☐ +1 Hours acetaminophen
650 mg, Supp, PR, q4h, PRN Pain, Mild 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 promethazine
12.5 mg, Tab, PO, q4h, PRN Nausea, Routine

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

☐ +1 Hours temazepam
7.5 mg, Cap, PO, hs, PRN Sleep, Routine
  Comments: May repeat dose once after 30 min if required.

☐ +1 Hours pantoprazole
☐ 40 mg, Cap, PO, QDay, Routine (DEF)*
☐ 40 mg, Injection, IV Push, q24h, Routine

☐ +1 Hours famotidine
20 mg, Injection, IV Push, q12h, Routine, Change to q24h if CrCl is less than 50mL/min
  Comments: Change to q24h if CrCl is less than 50 mL/min

Laboratory

☐ CBC
  STAT, T;N, once, Type: Blood

☐ CMP
  STAT, T;N, once, Type: Blood

☐ BMP
  STAT, T;N, once, Type: Blood

☐ Calcium Ionized
  STAT, T;N, once, Type: Blood

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

☐ Phosphorus Level
  STAT, T;N, once, Type: Blood

☐ Amylase Level
  STAT, T;N, once, Type: Blood

☐ Lipase Level
  STAT, T;N, once, Type: Blood

☐ Hepatitis Profile (A,B & C)
  Routine, T;N, once, Type: Blood

☐ Hepatic Panel
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- Routine, T;N, once, Type: Blood
  - Urinalysis w/Reflex Microscopic Exam
    - STAT, T;N, once, Type: Urine, Nurse Collect
  - Clostridioides difficile Test Algorithm
    - Routine, T;N, once, Type: Stool, Nurse Collect
  - Clostridium difficile Toxin B gene by PCR
    - Routine, T;N, once, Type: Stool, Nurse Collect
  - Ova & Parasites Stool
    - Routine, T;N, Specimen Source: Stool, Nurse Collect
  - Stool Culture
    - Routine, T;N, Specimen Source: Stool, Nurse Collect

Diagnostic Tests
- Chest 1 View
  - T;N, Routine, Portable
- Chest 2 Views
  - T;N, Routine, Stretcher
- Abdomen 2 Views
  - T;N, Routine, Stretcher
- CT Abdomen & Pelvis W/Cont Plan(SUB)*

Consults/Notifications/Referrals
- Notify Physician-Once
  - Notify For: room number on arrival to unit
- Physician Consult
  - Consult Who: _______________ Reason for Consult: _______________
- Physician Consult
  - Consult Who: _______________ Reason for Consult: _______________
- Case Management Consult
  - Routine, Reason: Discharge Planning

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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