Physician Orders ADULT: PEG Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: PEG Pre Procedure Phase: When to Initiate:______________________________

PEG Pre Procedure Phase
Admission/Transfer/Discharge
- Patient Status Initial Outpatient
  T;N Attending Physician: ____________________________________________
  Reason for Visit: ___________________________________________________
  Bed Type: ___________________________ Specific Unit: ___________________
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

- Notify Physician-Once
  Notify For: Of room number on arrival to unit.

Food/Nutrition
- NPO
  Instructions: No exceptions

Patient Care
- Consent Signed For
  T;N, Procedure: EGD with placement of PEG
- INT Insert/Site Care
  Insert INT for EGD with PEG procedure in not already in place
- Abdominal Binder Apply
  Send with patient for procedure

Medications
- ceFAZolin
  2 g, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose ), Reason for ABX: Prophylaxis
  Comments: Give OnCall for PEG placement.
  NOTE: Give cefazolin 3g if patient weighs greater than 120 kg.(NOTE)*
- ceFAZolin
  3 g, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose ), Reason for ABX: Prophylaxis
  Comments: Give OnCall for PEG Placement
  NOTE: If patient has an allergy to PCN, select both orders below.(NOTE)*
- clindamycin
  900 mg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose ), Reason for ABX: Prophylaxis
  Comments: Give OnCall for PEG placement
  AND(NOTE)*
- aztreonam
  2 g, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose ), Reason for ABX: Prophylaxis
Comments: Give OnCall for PEG Placement

Consults/Notifications/Referrals

☐ GI Lab Request To Schedule
   Procedure: EGD with placement of PEG, with anesthesia

☐ GI Lab Request To Schedule
   Procedure: EGD with placement of PEG, without anesthesia

__________________   _________________   ______________________________________  __________
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