Methodist
Le Bonheur Healthcare

Physician Orders ADULT: PAC Placement Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐   Initiate Powerplan Phase
         T;N, Phase: PAC Placement Pre Proc Phase, When to Initiate:_____

PAC Placement Pre Proc Phase
Admission/Transfer/Discharge

☐   Patient Status Initial Outpatient Status/Service OP-Ambulatory Surgery
         T;N, Attending Physician: _____
         Reason for Visit:_____
         Bed Type: _____ Specific Unit:
         _____

Vital Signs

☑   Vital Signs Per Unit Protocol
         T;N, Monitor and Record T,P,R,BP

Activity

☑   Out Of Bed
         T;N, Up Ad Lib

Food/Nutrition

☑   NPO
         Start at: T;N, Instructions: NPO except for medications

Patient Care

☑   Intermittent Needle Therapy Insert/Site Care (INT insert/site care)
         Start at: T + 1;0600, Instructions: if IV not already present.

☐   Nursing Communication
         T;N, Call Radiology Special Procedures for any questions or concerns

Continuous Infusion

☐   **+1 Hours** Sodium Chloride 0.45%
         1,000 mL, IV, 20 mL/hr
         Comments: TKO

Medications

☐   **+1 Hours** ceFAZolin
         1 g, IV Piggyback, IV Piggyback, once
         Comments: On call to X-Ray Specials
         NOTE: If allergic to ceFAZolin, order Vancomycin below.(NOTE)*

☐   **+1 Hours** vancomycin
         500 mg, IV Piggyback, IV Piggyback, once
         Comments: On Call to X-Ray Specials

Laboratory

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

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![Methodist Le Bonheur Healthcare logo]

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

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

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

☑   Platelet Function Test
         Routine, T;N, once, Type: Blood

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

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

☐   Pregnancy Screen Serum
         Routine, T;N, once, Type: Blood

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

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

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

_____ _____ _____ _____
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

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