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
Physician Orders ADULT: PAC Placement Pre Procedure Plan

☐ 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