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

Routine, T;N, once, Type: Blood

☐ Urinalysis w/Reflex Microscopic Exam

STAT, T;N, once, Type: Urine, Nurse Collect
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- 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
- Physician Consult
- Case Management Consult
  Routine, Reason: Discharge Planning

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

Date       Time       Physician’s Signature       MD Number

*Report Legend: