Physician Orders ADULT: GYN ONC Adult Admit Plan

Initiate Orders Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
T:N Admitting Physician: ________________________________
Reason for Visit: ________________________________________
Bed Type: ________________________________ Specific Unit: ________________________________
Care Team: ________________________________ Anticipated LOS: 2 midnights or more
☐ Patient Status Initial Outpatient
T:N, Attending Physician: ________________________________
Reason for Visit: ________________________________________
Bed Type: ________________________________ Specific Unit: ________________________________
Outpatient Status/Service: OP OBSERVATION Services

Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: GYN ONC Adult Admit Phase, When to Initiate: ________________________________

GYN ONC Adult Admit Phase
Vital Signs
☑ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)

Activity
☐ Bedrest
☐ Activity As Tolerated
☐ Ambulate
  q8h(std), With Assistance

Food/Nutrition
☐ NPO
  Instructions: NPO except for ice chips
☐ Clear Liquid Diet
  Start at: T:N
☐ Regular Diet
☐ Full Liquid Diet
  Start at: T:N
☐ AHA Diet
☐ Consistent Carbohydrate Diet
  Caloric Level: 1800 Calorie

Patient Care
☐ O2 Sat Spot Check-NSG
  Routine, room air
☐ Implanted Port Access
☐ Nasogastric Tube
  Suction Strength: Low Intermittent
☐ Intake and Output
  q4h(std), record intake and output
☑ Nursing Communication
  If urine output is less than 120 mL/hr may bolus with 500mL NS IV If no improvement call physician.
☐ Daily Weights
  qEve
☐ Accucheck Nsg
  Routine, q6h(std), If NPO (DEF)*
  Routine, achs, when tolerating diet

Continuous Infusion
☐ Lactated Ringers Injection
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<table>
<thead>
<tr>
<th>Dose</th>
<th>Type</th>
<th>Rate</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000 mL, IV, 125 mL/hr</td>
<td>Sodium Chloride 0.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,000 mL, IV, 125 mL/hr</td>
<td>Sodium Chloride 0.45%</td>
<td></td>
<td></td>
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<tr>
<td>1,000 mL, IV, 75 mL/hr</td>
<td>D5 1/2 NS KCl 20 mEq/L</td>
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</tr>
<tr>
<td>1,000 mL, IV, 100 mL/hr</td>
<td>D5 1/2NS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medications
- VTE MEDICAL Prophylaxis Plan(SUB)*
- PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*

+1 Hours nalooxone
- 0.4 mg, Injection, Subcutaneous, q5min, PRN Oversedation (DEF)*
- 0.4 mg, Injection, IV Push, q5min, PRN Oversedation

If no history of peptic ulcer disease, GI bleed, or renal insufficiency, complete Ketorolac order below(NOTE)*
If age greater than or equal to 65 or weight less than 50kg, place Ketorolac 15mg order below , otherwise use 30 mg dose(NOTE)*

+1 Hours ketorolac
- 30 mg, Injection, IV Push, q6h, (for 48 hr ) (DEF)*
- 15 mg, Injection, IV Push, q6h, (for 48 hr )

+1 Hours acetaminophen
- 650 mg, Tab, PO, q4h, PRN Headache or Fever, > 38 degrees
  Comments: Once tolerating diet or PO meds

+1 Hours acetaminophen
- 650 mg, Supp, PR, q4h, PRN Headache or Fever, > 38 degrees

+1 Hours morphine
- 2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10)

+1 Hours HYDROmorphine
- 0.5 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10)

+1 Hours famotidine
- 20 mg, Tab, PO, q12h (DEF)*
  Comments: Reduce to q24h if CrCl is less than 50 mL/min
- 20 mg, Injection, IV Push, q12h
  Comments: Reduce to q24h if CrCl is less than 50 mL/min

+1 Hours promethazine
- 12.5 mg, Supp, PR, q4h, PRN Nausea (DEF)*
- 12.5 mg, Tab, PO, q4h, PRN Nausea

+1 Hours ondansetron
- 4 mg, Injection, IV Push, q6h, PRN Nausea

+1 Hours LORazepam
- 0.5 mg, Injection, IV Push, q6h, PRN Anxiety

Laboratory
- CBC
  Routine, T;N, once, Type: Blood
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- BMP
  Routine, T;N, once, Type: Blood
- Magnesium Level
  Routine, T;N, once, Type: Blood
- Phosphorus Level
  Routine, T;N, once, Type: Blood
- CMP
  Routine, T;N, once, Type: Blood
- Prothrombin Time
  Routine, T;N, once, Type: Blood
- Partial Thromboplastin Time
  Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  Routine, T;N, once, Type: Urine, Nurse Collect
- Culture, Urine
  Routine, T;N, Specimen Source: Urine, Nurse Collect
- Type and Screen
  Routine, T;N, Type: Blood
- Type and Crossmatch PRBC
  STAT, T;N, Type: Blood
- Transfuse PRBC's - Not Actively Bleeding
  STAT, T;N
- Transfuse PRBC's - Actively Bleeding
  STAT, T;N
- Hold PRBC
  STAT, T;N
- Blood Culture Adult Plan(SUB)*

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

Consults/Notifications/Referrals
- Notify Physician-Once
  Notify For: of room number on arrival to unit
- Notify Physician For Vital Signs Of
  BP Systolic > 180, BP Diastolic > 105, BP Systolic < 40, Celsius Temp > 38, Heart Rate > 120, Heart Rate < 60, Resp Rate > 30, Resp Rate < 8
- Notify Physician For Vital Signs Of
  Blood Glucose < 60, Blood Glucose > 400

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
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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