



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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- 1,000 mL, IV, 125 mL/hr
Sodium Chloride 0.9%
- 1,000 mL, IV, 125 mL/hr
Sodium Chloride 0.45%
- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, 75 mL/hr
- D5 1/2NS
1,000 mL, IV, 100 mL/hr

Medications

- VTE MEDICAL Prophylaxis Plan(SUB)*
- PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- PCA - HYDRomorphone Protocol Plan (Adult)(SUB)*
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*
- +1 Hours** naloxone
 - 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** HYDRomorphone
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
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***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



Attach patient label here



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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

