Physician Orders ADULT: Angioedema Treatment Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase

Phase: Angioedema Treatment Phase, When to Initiate:______________________________

Angioedema Treatment 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: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
[ ] OP OBSERVATION Services

Vital Signs

☐ Vital Signs

Routine, q15min, For 6 hr

Food/Nutrition

☐ NPO

NPO, Start at: T

Nursing Communication

☐ Nursing Communication

T;N, Add allergy to specific medication with reaction of “angioedema”.

Respiratory Care

☐ Nasal Cannula

Stat, 2 L/min
Comments: Titrate to keep O2 Sat equal to or greater than 92%. Wean to room air.

Medications

☐ +1 Minutes famotidine

40 mg, Injection, IV Push, once, STAT

☐ +1 Hours famotidine

40 mg, Injection, IV Push, q6h
Comments: 6 hours after bolus dose. Convert to PO when tolerating oral diet.

☐ +1 Hours EPINEPHrine 0.3 mg inj (1:1000)(Epipen)

0.3 mg, Injection, IM, once, STAT
Comments: Notify MD if unresponsive

☐ methylPREDNISolone
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☐ 125 mg, control, IV Push, once, STAT

+1 Hours  methylPREDNISolone
80 mg, control, IV Push, q8h

+1 Hours  diphenhydrAMINE
50 mg, control, IV Push, once, STAT

+1 Hours  diphenhydrAMINE
50 mg, control, IV Push, q6h

Comments: 6 hours after bolus dose. Convert to PO when tolerating oral diet.

+1 Hours  albuterol
10 mg, Inh Soln, NEB, once, STAT

+1 Hours  albuterol
2.5 mg, Inh Soln, NEB, q2h, Routine

Laboratory

☐ BMP
 STAT, T;N, once, Type: Blood

☐ Type and Screen
 STAT, T;N, Type: Blood

☐ Plasma Transfuse
 STAT, T;N

Comments: To be used if standard treatment above does not improve patient:  1) Consistent O2 sat less than 90%;  2) Emergent need for intubation within first 24 hours

☐ CBC
 STAT, T;N, once, Type: Blood

☐ ESR
 STAT, T;N, once, Type: Blood

☐ ESR, (Erythrocyte Sedimentation Rate)
 STAT, T;N, once, Type: Blood

☐ CRP
 STAT, T;N, once, Type: Blood

Diagnostic Tests

☐ Chest 1 VW
 T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Portable

☐ Chest 2VW Frontal & Lat
 T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Wheelchair

☐ EKG

Consults/Notifications/Referrals

☐ Physician Consult
 Reason for Consult: Evaluation of angioedema

☐ Notify Physician-Once
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Notify For: Notify of room number upon arrival to unit

☐ Notify Physician-Once

Notify For: If patient's O2 Sat does not remain above 92%, selling increases of condition does not respond or worsens after initial treatment including epinephrine.

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