



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
Patient Status Initial Outpatient
Reason for Visit, Bed Type, Specific Unit, Care Team, Anticipated LOS, Outpatient Status/Service

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
+1 Hours famotidine
+1 Hours EPINEPHrine 0.3 mg inj (1:1000)(EpiPen)
methyIPREDNISolone





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- 125 mg, Injection, IV Push, once, STAT
- +1 Hours methylPREDNISolone  
80 mg, Injection, IV Push, q8h
- +1 Hours diphenhydrAMINE  
50 mg, Injection, IV Push, once, STAT
- +1 Hours diphenhydrAMINE  
50 mg, Injection, 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  
*Start at: T;N, Priority: Stat, Reason: Shortness of Breath, Transport: Portable*

Consults/Notifications/Referrals

- Physician Consult  
*Reason for Consult: Evaluation of angioedema*
- Notify Physician-Once





**Physician Orders ADULT: Angioedema Treatment Plan**

*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

