

## STANDING ADMISSION ORDERS GASTROINTESTINAL BLEED

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Place in Observation Services:**  Med/Surg  Telemetry  Other: \_\_\_\_\_

**Admit to Inpatient:**  Med/Surg  Telemetry  ICU

**Diagnosis:**  Upper GI Bleed  Lower GI Bleed  Other: \_\_\_\_\_

**Condition:**  Stable  Guarded  Critical  Good  Fair  Poor

**Consult:**  GI Medicine: \_\_\_\_\_  General Surgery: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Allergies:**

**Code Status:**  Full Partial:  Shock  Chemical  Other: \_\_\_\_\_  DNR

**Vital Signs:**  Per unit protocol  
 Every 2 hr for 24 hrs, then per unit protocol  Every shift  every \_\_\_\_\_ hours  
 Other: \_\_\_\_\_

**Activity:**  Bed rest  Up in Chair  Bedside commode  Ambulate ad lib  Bathroom privileges

**Nursing:**  Nasal Gastric Tube to low intermittent suction  
 Intake & Output  
 Sequential Compression Device (SCD)  
 Foley to drainage  
 Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 Other: \_\_\_\_\_

**Diet:**  Regular  NPO  1 gm low sodium  2 gm low sodium  
 Clear liquid  Full liquid  Low fat, low cholesterol  
 Diabetic: \_\_\_\_\_ kCal ADA  
 Other: \_\_\_\_\_

**Fluids:**  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock  
 Other: \_\_\_\_\_

**Labs:**  BMP  CMP  
 UA  Guaiac stool  
 PT/INR  PTT  H&H every \_\_\_\_\_ hrs  
 CBC with differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
 CBC without differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
 CBC with platelets every  12  24 hrs  
 Type and Cross for \_\_\_\_\_ units PRBC  
 Type and Hold for \_\_\_\_\_ units PRBC  
 Other Labs: \_\_\_\_\_

**Studies:**  CXray:  Portable  PA/Lateral  
 EKG  
 Upright Abdominal films  
 Other: \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 <b>St. Luke's Medical Center</b> 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

**Medications: (Check the appropriate box)**

- Pantoprazole (Protonix) 80 mg IV over 15 minutes, then
  - 8 mg/hr IV infusion for 72 hrs
  - 40 mg IV every 12 hrs
- Octreotide (Somatostatin) 50 micrograms IV bolus, followed by 50 micrograms / hr IV infusion
- Transfuse \_\_\_\_\_ units PRBC. Give \_\_\_\_\_ mg IV Furosemide (Lasix) between transfusions
- Transfuse \_\_\_\_\_ units FFP
- Bowel Prep: Golytely purge  6  9 liters over  4  6 hours
- Nicotine 21 mg topical patch apply daily

**Protocols: All protocol orders must be placed in chart:**

- Insulin subcutaneous Sliding Scale Protocols:  Mild Protocol  Moderate Protocol  Aggressive Protocol

**Standard Medications: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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