

**Admission Standard Orders
 Gastrointestinal Bleed**

Admitting Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: [] Med/Surg [] Telemetry [] ICU
Place in Observation Services: [] Med/Surg [] Telemetry [] Other: _____
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 [] DNR

Vital Signs: [] Every 2 hr for 24 hrs, then per unit protocol
 [] 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 [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] NPO [] Clear Liquid [] Full Liquid [] Other: _____

Fluids: [] Intravenous: _____ @ _____ ml/hr
 [] Saline lock
 [] Other: _____


Protocols (if available): All protocol orders must be placed in chart
 [] Insulin Infusion Protocol (ICU patients only)

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 hrs [] 24 hrs
 [] Type and Cross for _____ units PRBC
 [] Other Labs: _____

Studies: [] CXR: [] 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:	

 Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	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
- 80 mg IV every 12 hrs
- Famotidine (Pepcid) 20mg IV twice daily
- Octreotide (Sandostatin) 50 micrograms IV bolus, followed by 50 micrograms/hr IV infusion
- Transfuse _____ units PRBC. Give _____ mg IV Lasix between transfusions (units).
- Transfuse _____ units FFP
- Bowl Prep: Golytely purge 4 liters 6 liters 9 liters over 4 hrs 6 hrs OR Other: _____
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting



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


Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
 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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