

### STANDING ADMISSION ORDERS GASTROINTESTINAL BLEED

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

Admit to Inpatient:  Med/Surg  Telemetry  CCU

Place in Observation Services:  Med/Surg  Telemetry

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 only

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

Diet:  Regular  NPO  2 gm low sodium  
 Clear liquid  Full liquid  
 Cardiac  Carbohydrate Controlled  
 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  CBC  
 Guaiac stool  
 PT/INR  
 PTT  
 H&H every \_\_\_\_\_ hrs  
 CBC with platelets every  12 hrs  24 hrs  
 Type and Cross 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: \_\_\_\_\_



503 Mcmillan Rd. - West Monroe, LA 71291

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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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 hours
  - 80 mg IV every 12 hours
- Famotidine (Pepcid) 20mg PO twice daily or  IV twice daily (unable to tolerate PO)
- Octreotide (Somatostatin) 50 micrograms IV bolus, followed by 50 micrograms / hr IV infusion
- Transfuse \_\_\_\_\_ units PRBC. Give \_\_\_\_\_ mg IV Lasix between transfusions (units).
- Transfuse \_\_\_\_\_ units FFP
- Bowel Prep: Golytelyl 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 hrs PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS 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
- If Ondansetron ineffective, then Prochlorperazine (Compazine) 5 mg IV every 6 hours PRN

**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 (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

**Additional Meds:**

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

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DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								