

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
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Diagnosis: _____

Allergies with reaction type: _____

Gastrointestinal Bleeding

Version 2 09/23/16

General

- This order set must be used with an admission order set if patient not already admitted

Nursing Orders

- Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- Nasogastric/oro gastric tube insertion/management

IV Placement

- Peripheral IV insert/maintain, X 2, large bore

Medications

Antibacterial Prophylactic Agents: Cephalosporins, 3rd-Generation

cefTRIAxone (ROCEPHIN)

- 2 gram intravenously every 24 hours

Anti-ulcer Agents: Proton Pump Inhibitors

- It is recommend that, in addition to appropriate endoscopic management, patients with actively bleeding peptic ulcers or ulcers with high-risk stigmata (such as a visible vessel or adherent clot) receive an IV bolus of a PPI followed by a continuous infusion.

pantoprazole (PROTONIX) Bolus and continuous infusion SELECT BOTH

- 80 milligram intravenously once loading dose
- 8 milligram/hour (80 milligram Q10H) continuous intravenous infusion maintenance dose

pantoprazole (PROTONIX)

- 40 milligram intravenously every 12 hours
- 40 milligram intravenously every 24 hours
- 40 milligram orally every 12 hours
- 40 milligram orally every 24 hours

esomeprazole (NEXIUM) Packet

- 40 milligram by feeding tube every 12 hours
- 40 milligram by feeding tube every 24 hours

Vasoactive Agents

octreotide (SANDOSTATIN) Bolus and continuous infusion SELECT BOTH

- 50 microgram intravenously once loading dose
- 50 microgram/hour (500 microgram Q10H) continuous intravenous infusion maintenance dose

Vitamin K Preparations

phytonadione (VITAMIN K)

- _____ milligram in 50 mL NS intravenously once infuse over 15 minute [MAX 10 milligram]
- _____ milligram orally once [MAX 10 milligram]

Laboratory

Admission Labs or labs to be obtained now:

- Comprehensive metabolic panel
- PTT
- DIC Screen
- Hemoglobin and hematocrit now and every 4 hours X 3
- PT (PROTIME AND INR)

Initials _____

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Radiology and Diagnostics

- CT abdomen/pelvis with IV contrast
 - now Reason for exam: _____
- CTA abdomen/pelvis
 - routine Reason for exam: _____
- IR angiography
 - routine Reason for exam: _____
- IR Miscellaneous, (TIPS)
 - routine Reason for exam: _____
- NM GI Bleed
 - now Reason for exam: _____
- US Abdomen Limited/Follow-up
 - now Reason for exam: _____

Consults

- Physician to physician notification preferred
- Place consult to gastroenterology below:
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No
 - Consult to general surgery regarding gastrointestinal bleeding
- Place consult to general surgery below:
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

- For transfusion orders please select the transfusion order set below:

Transfusion Orders

Nursing Orders

- Vital Signs per Transfusion Guidelines then per unit standard of care
- Notify provider if patient has a history of previous transfusion reaction if provider is unaware

Medications

- acetaminophen (TYLENOL)
 - 650 milligram orally once prior to to blood/ blood product transfusion
- diphenhydrAMINE (BENEDRYL)
 - 25 milligram orally once prior to blood/ blood product transfusion
 - 25 milligram intravenously once prior to blood/ blood product transfusion
- furosemide (LASIX)
 - 20 milligram intravenously once prior to blood/ blood product transfusion

Laboratory

Blood Bank

- ALL blood products are leukocyte reduced, this attribute does not need to be ordered.
- In order to avoid the occurrence of graft-versus-host disease (GVHD) in patients who have immune deficiency states, transfused red cells must be subjected to irradiation
- Quantity is number of units for packed cells, FFP and CRYO or platelet pheresis

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Packed Cells (RBC) Orders:

Packed Cells (BBK)

- Quantity: _____
- Irradiated
- CMV negative
- If product is for OR, when (if know) _____
- Additional Instructions for Blood Bank: _____

Packed Cell Transfuse Nurse Instructions

- units to transfuse: _____
- Duration: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: _____
Use Normal Saline ONLY with transfusion of packed cells
- Packed Cell Units to keep ahead: _____

Platelet Orders:

Platelets (BBK)

- Quantity: _____
- Irradiated
- CMV negative
- If product is for OR, when (if known) _____
- Special Instructions for Blood Bank: _____

Platelet Transfuse Nurse Instructions

- units to transfuse: _____
- Duration: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: _____ Use
Normal Saline ONLY with transfusion of platelets

Fresh Frozen Plasma (FFP) Orders:

FFP (BBK)

- Quantity: _____
- If product is for OR, when (if known): _____
- Special Instructions for Blood Bank: _____

FFP Transfuse Nurse Instructions

- units to transfuse: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: _____ Use
Normal Saline ONLY with transfusion of FFP

Cryoprecipitate (CRYO) Orders:

CRYO (BBK)

- Quantity: _____
- If product is for OR, when (if known): _____
- Special Instructions for Blood Bank: _____

CRYO Transfuse Nurse Instructions

- units to transfuse: _____
- Duration: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: _____ Use
Normal Saline ONLY with transfusion of CYRO

Provider Signature: _____ Date: _____ Time: _____