

(place patient label here)

Patient Name: _____

Order Set Directions:

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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

ED Gastrointestinal Bleeding

Version 2

4/2/19

Nursing Orders

- ☒ Vital signs per unit standard
- ☐ Vital signs non unit standard: _____
- ☐ Vital Signs Orthostatic
- ☒ Cardiac monitor
- ☒ Pulse oximetry continuous
- ☒ Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- ☐ Nasogastric/orogastric tube insert/maintain
- ☐ Blakemore Tube Insert/Maintain
- ☐ Foley Catheter Insert/Maintain

IV/ Line Insert and/or Maintain

- ☒ Peripheral IV insert/maintain x 2 large bore

IV Fluids

Sodium Chloride 0.9% IV

- ☐ 1000 milliliter BOLUS intravenously followed by continuous infusion

Sodium Chloride 0.9% IV

- ☐ 125 milliliter/hour continuous intravenous infusion

Medications

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
- ☐ 80 milligram Q10H (8 milligram/hour) continuous intravenous infusion maintenance dose

pantoprazole (PROTONIX)

- ☐ 40 milligram intravenously once

Vasoactive Agents

octreotide (SANDOSTATIN) Bolus and continuous infusion SELECT BOTH

- ☐ 50 microgram intravenously once loading dose
- ☐ 500 microgram/hour Q10H (50 microgram/hour) 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

STAT labs:

- ☐ CBC/AUTO DIFF
- ☐ PTT
- ☐ PT (PROTIME AND INR)
- ☐ DIC SCREEN
- ☐ COMPREHENSIVE METABOLIC PANEL
- ☐ HEPATIC FUNCTION PANEL
- ☐ TYPE AND SCREEN

Initials _____

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Radiology and Diagnostic Tests

- ☐ ED ECG (ED Provider Only) Reason for exam: _____
- ☐ XR Chest Single , portable, Reason for exam: _____
- ☐ CT Abdomen/Pelvis with IV Contrast Reason for exam: _____
(CT abd/pelvis with IV includes oral contrast unless otherwise specified)
- ☐ CTA abdomen/pelvis Reason for exam: _____

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

Packed Cells (RBC) Orders:

- To order Packed Cells (RBC) from Blood Bank Select:
Packed Cells (BBK)
 - ☐ Quantity: _____
 - ☐ Irradiated
 - ☐ CMV negative
 - ☐ If product is for OR, when (if know) _____
 - ☐ Additional Instructions for Blood Bank: _____
- ☐ Keep Ahead Packed Cell [BBK]: Quantity _____
- To transfuse the product Select:
Transfuse Packed Cell (Adult) NUR
 - ☐ 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.

Platelet Orders:

- To order Platelets from Blood Bank Select (Quantity of one unit is equivalent in efficacy to 6-8 pack of random donor pooled platelets) :
Platelets (BBK)
 - ☐ Quantity: _____
 - ☐ Irradiated
 - ☐ CMV negative
 - ☐ If product is for OR, when (if known) _____
 - ☐ Special Instructions for Blood Bank: _____
- To transfuse the product Select:
Transfuse Platelet (Adult) NUR
 - ☐ units to transfuse: _____
 - ☐ Duration: _____
 - ☐ Hold maintenance IV fluid during transfusion [] Yes [] No
 - ☐ Additional instructions for nursing: _____ Use
Normal Saline ONLY with transfusion of platelets.

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PROVIDER ORDERS

Fresh Frozen Plasma (FFP) Orders:

- To order Fresh Frozen Plasma (FFP) from Blood Bank Select:
FFP (BBK)
 - ☐ Quantity: _____
 - ☐ If product is for OR, when (if known): _____
 - ☐ Special Instructions for Blood Bank: _____
- To transfuse the product Select:
Transfuse FFP (Adult) NUR
 - ☐ units to transfuse: _____
 - ☐ Hold maintenance IV fluid during transfusion [] Yes [] No
 - ☐ Additional instructions for nursing: _____ Use
Normal Saline ONLY with transfusion of FFP.

Consult Provider

- Provider to provider notification preferred.
- Consult to Gastroenterology
 - ☐ Consult other provider _____ regarding _____ Does nursing need to contact
consulted provider? [] Yes [] No
- Consult to General Surgeon
 - ☐ Consult other provider _____ regarding _____ Does nursing need to contact
consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____