NEU IP Intracerebral Hemorrhage [3040000184]

General

* Initiate NRS IP Post External Ventricular Drain Insertion order short set if EVD present
* Initiate IP GEN Blood Transfusion Order set to order any blood products

*Initiate the Gen IP Telemetry/Cardiac Monitoring order set as needed.

Admission Status [3040000006]

[Patient Admission Status Types](#)

URL:
"http://epicportal.sharepoint.s1.fchhome.com/sites/FCHEpicPhs2/1124/Non%20Orderable%20Information%20Related%20to%20Epic%20Orders/Patient%20Admission%20Status%20Types.aspx"

[ ] Admit to Inpatient [ADT1]	Diagnosis: Reason for Admission: Expected total length of stay: Plans for post discharge: Admitting Physician: Bed request comments:
[ ] Admit to Outpatient for Observation [ADT12]	Admitting Physician: Diagnosis: Bed request comments:
[ ] Admit to Outpatient for Recovery [ADT4]	Admitting Physician: Diagnosis: Bed request comments:
[ ] Admit to Outpatient No Bed Charge [ADT15]	Admitting Physician: Diagnosis: Bed request comments:

Code Status (Single Response) [3040000001]

In Progress Notes, document any detailed discussion regarding the DNR decision.

( ) Full code [COD2]	Details
( ) DNR (Do Not Resuscitate) [COD1]	Details

Vital Signs [3040000178]

[X] Vital signs [NUR492]	Every hour at least every 1 hour for first 24, then at least every 4 hours
[X] Check Temperature [NUR444]	Every 4 hours Temperature monitoring method: X 24 hours, then every 8 hours
[X] Neuro/ Modified NIH Stroke Scale Assessment [NUR661]	Every hour at least every 1 hour for first 24 , then at least every 4 hours
[X] Pulse Oximetry [RT33]	Routine, Every hour, at least every 1 hour for first 24 , then at least every 4 hours

Blood Pressure Management [3040000177]

[X] Measure blood pressure in both arms. [NUR432]	Once For 1 Occurrences Use hemiparetic arm and arms should be at heart level. Notify provider if the difference between the arms is greater than 10 mmHg
[X] Maintain Blood Pressure [NUR185]	Until discontinued, Starting today * Systolic Blood Pressure (SBP) less than 160 to greater than *** * Diastolic Blood Pressure (DBP) less than 90 and greater than *** * For SBP >160 or MAP >130 and no clinical evidence of ICP consider modest reduction of BP to 160/90.

Notify Provider [3040000179]

[X] Notify Provider [NUR183]	Continuous For systolic blood pressure greater than 160 or a MAP greater than 130
[X] Notify Provider [NUR183]	Continuous For: *Any decline in neuro status *Temperature greater than 100.1degrees F/38 degrees C *Heart rate greater than 120 or less than 50 *Respiratory rate greater than 30 or less than 10 *SaO2 less than 94% *Urine output less than 30 mL/Hour of less than 240 mL/8 hours *Blood Sugar greater than or equal to 140 or less than 60 *New onset of seizure activity

Activity [3040000181]

[ ] Bed rest [NUR162]	Until discontinued, Starting today For 24 Hours Bathroom privileges: Head of bed: Turn every 2 hour
[ ] Reverse trendelenburg [NUR729]	Until discontinued, Starting today
[ ] Head of bed flat [NUR71]	Until discontinued, Starting today Bathroom privileges:
[X] Advance activity as tolerated [NUR679]	Until discontinued, Starting today

Diet/Nutrition [3040000003]

[ ] Diet General [DIET24]	Diet effective now, Starting today Additional Modifications, if any: Fluid Restriction, if any: Thickened Liquid Level, if any:
[ ] Diet Restricted Fat (50 Gm) [DIET2]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet Low Cholesterol [DIET12]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet 2 Gram Sodium [DIET39]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet Cardiac (2300 mg NA, 60 gm Fat) [DIET9]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet Renal (2 gm NA, 1200 mg Phos, 2 gm K) [DIET50]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet Carb Consistent 4 [DIET71]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:

[ ] Diet Carb Consistent 5 - Standard for FMLH [DIET72]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Diet NPO [DIET40]	Diet effective now, Starting today Fluid Restriction, if any:
[ ] Diet Clear Liquid [DIET13]	Diet effective now, Starting today Additional Diet Restrictions, if any: Fluid Restriction, if any: Thickened Liquid Level, if any: Additional Modifications, if any:
[ ] Encourage fluids [NUR547]	Until discontinued, Starting today

Nursing Assessment CD [3040000180]
Note- if POC glucose is ordered, patient must be on carb consistent / ADA diet

[X] Nurse Stroke Dysphagia Screen [NUR86]	Once
[X] Glasgow Coma Scale [NUR459]	Until discontinued, Starting today With vital signs
[X] Full NIH Stroke Scale (completed by staff certified to performed this assessment) [NUR661]	Until discontinued, Starting today Complete Baseline NIHSS before Intervention or within 12 hours of arrival to hospital, 2 hours after procedure, then complete NIHSS the next calendar day after arrival, upon transfer, with condition change and on day of discharge
[X] Full NIH Stroke Scale (completed by staff certified to performed this assessment) on day of discharge [NUR661]	Once Complete NIHSS on day of discharge
[ ] Intracranial pressure (ICP) monitoring [NUR465]	Until discontinued, Starting today Goal is ***.
[ ] Cerebral perfusion pressue (CPP) monitoring [NUR664]	Until discontinued, Starting today Goal is ***
[ ] Intake and output [NUR467]	Every 8 hours
[ ] Weigh patient in kilogram [NUR494]	Daily

Nursing Assessment FH [3040004948]
Note- if POC glucose is ordered, patient must be on carb consistent / ADA diet

[X] Nurse Stroke Dysphagia Screen [NUR86]	Once
[X] Glasgow Coma Scale [NUR459]	Until discontinued, Starting today With vital signs
[X] Full NIH Stroke Scale (completed by staff certified to performed this assessment) [NUR661]	Every hour Complete Baseline NIHSS before Intervention or within 12 hours of arrival to hospital and 2 hours after procedure, then complete NIHSS the next calendar day after arrival, upon transfer, with condition change and on day of discharge
[X] Full NIH Stroke Scale (completed by staff certified to performed this assessment) on day of discharge [NUR661]	Once For 1 Occurrences Complete on day of discharge
[X] Assess Pupils with Pupillometer [3040004928]	
[X] Assess Pupils with Pupillometer [NUR964]	Every hour
[X] Notify Provider for: [NUR183]	Continuous * Neurological Pupil Index (NPi) less than 3 * Constriction Velocity less than 0.8 mm/s
[ ] Intracranial pressure (ICP) monitoring [NUR465]	Until discontinued, Starting today Goal is ***.
[ ] Cerebral perfusion pressue (CPP) monitoring [NUR664]	Until discontinued, Starting today Goal is ***
[ ] Intake and output [NUR467]	Every 8 hours

[ ] Weigh patient in kilogram [NUR494]	Daily	

Nursing Interventions [3040001949]
Initiate CCM Therapeutic Hypothermia Order Phase 1 for nursing, lab, diagnostic and medication orders for therapeutic hypothermia.

[ ] Maintain normothermia. Temperature goal 36.5-37.5 degrees C. [NUR185]	Until discontinued, Starting today
[ ] Maintain Arterial Line [IVT35]	Continuous
[X] Apply Sequential Compression Device (SCD) [NUR536]	Until discontinued, Starting today SCD type: Lower extremities:
[ ] Seizure precautions [PRE2]	Continuous
[ ] Padded side rails [NUR689]	Until discontinued, Starting today
[X] Provide Patient with Stroke Information and Educational Materials [NUR500]	Once To meet patient/family educational needs, patient requires education on their specific type of stroke, personal risk factors, stroke warning signs, emergency actions, follow-up after discharge as well as medications prescribed at discharge

Urinary Interventions [3040000058]

[ ] Foley catheter [NUR380]	Until discontinued, Starting today Clinical indications: Remove foley:
[ ] Foley catheter removal [NUR378]	Once
[ ] Bladder scan [NUR374]	Once If no void in *** hour. Straight cath if volume is greater than *** mL.
[ ] Measure post void residual [NUR537]	Once
[ ] Straight cath [NUR385]	Until discontinued, Starting today If no void in *** hours.
[ ] Intermittent Straight Cath (indicate frequency) [NUR385]	Once
[ ] Notify provider [NUR183]	Continuous If urinary output is less than *** in ***.

Respiratory CD [3040000183]
Initiate the CCM IP Ventilator Bundle order set for patients requiring mechanical ventilation

[ ] Capnography [3040004257]	
[ ] Capnography [RT21]	Routine, Continuous
[ ] Notify Provider for ETCO2 less than 15 or greater than 50 mmHg [NUR183]	Continuous
[ ] Pulse Oximetry [RT33]	Routine, Continuous
[ ] Oxygen Therapy [RT85]	Routine, Until discontinued, Starting today Device: Nasal Cannula Liters per minute: 2 LPM Wean/Titrate oxygen to room air: Yes Decrease Oxygen flow as tolerated to maintain Oxygen Saturation (SpO2) at or greater than: PRN O2 Indication: SpO2 less than or equal to:
[ ] Oxygen Therapy [RT85]	Routine, PRN Device: Nasal Cannula Liters per minute: Other: Indicate in Comments Wean/Titrate oxygen to room air: Yes Decrease Oxygen flow as tolerated to maintain Oxygen Saturation (SpO2) at or greater than: Other %: Indicate in Comments PRN O2 Indication: SpO2 less than or equal to:
[ ] Smoking Cessation Education [RT77]	Routine, Once

Respiratory FMLH [3040003048]

Initiate the CCM IP Ventilator Bundle order set for patients requiring mechanical ventilation.

[ ] Pulse Oximetry [RT33]	Routine, Continuous
[ ] Oxygen Therapy [RT85]	Routine, Until discontinued, Starting today Device: Nasal Cannula Liters per minute: 2 LPM Wean/Titrate oxygen to room air: Yes Decrease Oxygen flow as tolerated to maintain Oxygen Saturation (SpO2) at or greater than: PRN O2 Indication: SpO2 less than or equal to:
[X] Oxygen Therapy [RT85]	Routine, PRN Device: Nasal Cannula Liters per minute: Wean/Titrate oxygen to room air: Yes Decrease Oxygen flow as tolerated to maintain Oxygen Saturation (SpO2) at or greater than: PRN O2 Indication: SpO2 less than or equal to: Other SpO2 %: (Indicate incomments)
[ ] Capnography [3040004257]	
[ ] Capnography [RT21]	Routine, Continuous
[ ] Notify Provider for ETCO2 less than 15 or greater than 50 mmHg [NUR183]	Continuous
[ ] Tobacco Cessation Education [NUR502]	Once

Physician Consults - CD [3040000184]

[ ] IP Consult to Stroke Team FMLH [CON115]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Neurology [CON9]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP consult to Neurosurgery [CON10]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Intensivist [CON6]	Type of Consult Needed: Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Interventional Radiology [CON45]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):

Physician Consults - FMLH [3040002776]

[ ] IP Consult to Stroke Team FMLH [CON115]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Physical Medicine Rehab [CON17]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Neurology [CON9]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP consult to Neurosurgery [CON10]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Neuro Critical Care [CON107]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):
[ ] IP Consult to Neuro Interventional Radiology [CON119]	Reason for Consult? Team Requesting Consult: Consulting service to call (Name/Number):

Ancillary Consults CD [3040004591]

[X] IP PT Eval and Treat [PT4]	Routine, Once Reason for Consult?
[X] IP Occupational Therapy Eval and Treat [OT1]	Routine, Once Reason for Consult?
[X] IP Speech Therapy Eval and Treat [SLP3]	Routine, Once Reason for Consult?
[ ] IP Speech Therapy Eval and Treat [SLP3]	Routine, Once Reason for Consult? Bedside swallow evaluation 24 hours after tPA infusion
[X] IP Consult to Inpatient Rehab Coordinator [CON130]	Reason for Consult?
[ ] IP Consult to Diabetes Education [CON2]	Reason for consult:
[ ] IP Consult to Respiratory Care [CON21]	Reason for Consult:
[ ] IP Consult to Nutritional Services [CON34]	Reason for Consult?

Ancillary Consults FMLH [3040001683]

[X] IP PT Eval and Treat [PT4]	Routine, Once Reason for Consult?
[X] IP Occupational Therapy Eval and Treat [OT1]	Routine, Once Reason for Consult?
[X] IP Speech Therapy Eval and Treat [SLP3]	Routine, Once Reason for Consult?
[ ] IP Speech Therapy Eval and Treat [SLP3]	Routine, Once Reason for Consult? Bedside swallow evaluation 24 hours after tPA infusion
[ ] IP Consult to Diabetes Education [CON2]	Reason for consult:
[ ] IP Consult to Respiratory Care [CON21]	Reason for Consult:
[ ] IP Consult to Nutritional Services [CON34]	Reason for Consult?

Laboratory

Labs CD [3040002612]

[X] POCT Glucose Glucometer Testing (Docked) [POC113]	Routine, 4 times daily For 4 Occurrences And PRN for signs and symptoms of hypoglycemia or hyperglycemia. Call MD if glucose is greater than 180
[ ] CBC without diff [85027.000]	Morning draw For 1 Occurrences
[ ] Comprehensive Metabolic Panel [80053.001]	Morning draw For 1 Occurrences
[ ] PT/INR [85610.000]	Morning draw For 1 Occurrences
[ ] Partial Thromboplastin Time [85730.000]	Morning draw For 1 Occurrences
[ ] Lipid panel [80061.000]	Morning draw For 1 Occurrences
[ ] UA Macro Rflx Micro Rflx Culture [9999Y.277]	Once
[ ] Pregnancy test urine [81025.000]	Once
[ ] PRN Pan culture for temp greater than 38 degrees C. [NUR820]	Until discontinued, Starting today Blood culture x 2 [87040.000], Urine [81001.000] and sputum [87070.007]

Labs FMLH [3040000186]

[X] POCT Glucose Glucometer Testing (Docked) [POC113]	Routine, 4 times daily For 4 Occurrences And PRN for signs and symptoms of hypoglycemia or hyperglycemia Call MD if glucose is greater than 180
[ ] Culture Meth Resist Staph Aureus [87081.007]	STAT For 1 Occurrences
[ ] CBC without diff [85027.000]	Morning draw For 1 Occurrences
[ ] Basic Chemistry Panel [80048.000]	Morning draw For 1 Occurrences
[ ] Protime/INR [85610.000]	Morning draw For 1 Occurrences
[ ] Partial Thromboplastin Time [85730.000]	Morning draw For 1 Occurrences
[ ] Lipid panel [80061.000]	Morning draw For 1 Occurrences
[ ] UA Macro and Micro Rflx Cult [81001.000]	Once

[ ] Pregnancy test urine [81025.000]	Once
[ ] PRN Pan culture for temp greater than 38 degrees C. [NUR820]	Until discontinued, Starting today Blood culture x 2 [87040.000], Urine [81001.000] and sputum [87070.007]

Imaging

Imaging [3040000187]

[ ] PO Chest PA or AP [71010.009]	IP RAD Routine, RAD ONCE, Starting today For 1 , Normal
[ ] CT Angio Head w PPI [3040000941]	
[ ] CT Angio Head w PPI [70496.000]	IP RAD Routine, RAD ONCE, Starting today For 1 , Normal
[ ] Creatinine [82565.000]	Morning draw For 1 Occurrences
[ ] Pregnancy Test Urine [81025.000]	Once
[ ] predniSONE (DELTASONE) tablet [47208]	50 mg, Oral, Q 6 HOURS, For 3 Doses Pharmacist to schedule administrations times based on the actual procedure time. Give 13, 7 and 1 hour prior to CT ANGIO HEAD W PPI Routine
[ ] diphenhydrAMINE [148269]	50 mg, Oral, ONCE, For 1 Doses Pharmacist to schedule administrations times based on the actual procedure time. Give 1 hour prior to CT ANGIO HEAD W PPI Routine
[ ] RAD Prep CT Angio Head w PPI [NUR185]	Once For 1 Occurrences RN - The patient will need a 20g or larger IV placed in the antecubital region on either side or equivalent vascular access. Call pharmacy when test is scheduled to schedule medication administration. If previous contrast reaction to CT contrast then - administer Prednisone 50 mg - 13, 7, and 1 hour prior to exam - administer diphenhydrAMINE (BENADRYL) TAB 1 hour prior to exam. Please call the CT department (x53772) when first dose of pre-medication is administered to notify technologist.
[ ] MR BRAIN W/O CONT SS [14531]	
[ ] MR BRAIN W/O CONT SS [70551.000]	IP RAD Routine, RAD ONCE, Starting today For 1 , Normal
[ ] RAD Prep - MR BRAIN W/O CONT SS [NUR185]	Once For 1 Occurrences RN - Patient should remove all jewelry and piercings except for wedding ring. Remove medication patches. Notify tech if tattoo.
[ ] MR MRA NECK W CONT SS [14839]	
[ ] MR MRA Neck W Cont [70548.000]	IP RAD Routine, RAD ONCE, Starting today For 1 , Normal
[ ] Creatinine [82565.000]	Morning draw For 1 Occurrences
[ ] Pregnancy Test Urine [81025.000]	Once
[ ] predniSONE (DELTASONE) tablet [47208]	50 mg, Oral, Q 6 HOURS Starting today, For 3 Doses Give 13, 7 and 1 hour prior to MR MRA NECK W CONT SS Routine
[ ] diphenhydrAMINE [148269]	50 mg, Oral, ONCE Starting tomorrow, For 1 Doses Give 1 hour prior to MR MRA NECK W CONT SS Routine

[ ] RAD Prep - MR MRA Neck W Cont SS [NUR185]	Until discontinued, Starting today Call pharmacy when test is scheduled to schedule medication administration. If previous contrast reaction to MRI contrast then - administer Prednisone 50 mg - 13, 7, and 1 hour prior to exam - administer diphenhydrAMINE (BENADRYL) TAB 1 hour prior to exam. Required is a minimum of a 22g IV on either side or equivalent vascular access. Patient should remove all jewelry and piercings except for wedding ring. Remove bra.

Other Tests

Cardiology [3040000760]

[ ] ECG 12-Lead [ECG1]	Routine, Once Clinical Indication:

Vascular Access

Peripheral IV [3040004495]

[X] Insert and Maintain Peripheral IV [13239]	**"And" Linked Panel**
[X] Insert and Maintain Peripheral [IVT3]	Continuous
[X] sodium chloride 0.9 % [850180]	10 mL, Intracatheter, Q 8 HOURS (SPECIFIED), Routine
[X] sodium chloride 0.9 % [850180]	10 mL, Intracatheter, PRN, line access maintenance, Routine
[X] NaCl 0.9 % infusion [68840]	IV, at 10 mL/hr, CONTINUOUS PRN, to administer secondary IV medications To administer secondary IV medications, may infuse NS at 10 mL/hr if no continuous IVF ordered. Routine
[ ] 2 large bore (18 gauge or larger) peripheral IVs at all times [NUR185]	Until discontinued, Starting today

VTE Prophylaxis

VTE Prophylaxis (Single Response) [3044801671]

(X) SCDs ONLY (anticoagulation contraindicated) [3044800023]	
For Hip Replacement and General Major Surgery, the only acceptable reasons for not prescribing pharmacological prophylaxis are Medical Contraindication or Patient/Family Refused.	
[X] No Pharmacological VTE Prophylaxis [COR29]	Reason for no prophylaxis: Medical Contraindication
[X] Apply sequential compression device [NUR536]	While in bed SCD type: knee high Lower extremities: bilateral
( ) no SCDs and anticoagulation contraindicated [3044800024]	
For Hip Replacement and General Major Surgery, the only acceptable reasons for not prescribing pharmacological prophylaxis are Medical Contraindication or Patient/Family Refused.	
[ ] No Pharmacological VTE Prophylaxis [COR29]	Reason for no prophylaxis: Medical Contraindication
[ ] No Mechanical VTE Prophylaxis [COR28]	Reason for no prophylaxis: Medical Contraindication
( ) pharmacological and mechanical prophylaxis [222622]	
[ ] enoxaparin (LOVENOX) injection [850188]	40 mg, Subcutaneous, DAILY, Routine

[ ]	dose adjusted for BMI 40-49.9 - enoxaparin (LOVENOX) injection [850188]	40 mg, Subcutaneous, Q 12 HOURS (SPECIFIED), Routine
[ ]	dose adjusted for BMI 50-59.9 - enoxaparin (LOVENOX) injection [850188]	60 mg, Subcutaneous, Q 12 HOURS (SPECIFIED), Routine
[ ]	dose adjusted for BMI above 60 - enoxaparin (LOVENOX) injection [850188]	80 mg, Subcutaneous, Q 12 HOURS (SPECIFIED), Routine
[ ]	heparin injection [50959]	5,000 Units, Subcutaneous, Q 8 HOURS (SPECIFIED) Starting 11/13/17, Routine
[ ]	fondaparinux (ARIXTRA) injection [73288]	2.5 mg, Subcutaneous, DAILY, Routine
[ ]	Apply sequential compression device [NUR536]	While in bed SCD type: knee high Lower extremities: bilateral

IV Fluids

IV Fluids [3044800030]
   Dextrose-containing IV Fluids should be used with caution due to the potential to cause cerebral edema.

[ ]	0.9% NaCl with KCl 20 mEq infusion [51866]	IV, CONTINUOUS, Routine
[ ]	0.9 % NaCl infusion [68840]	IV, CONTINUOUS, Routine
[ ]	dextrose 5% and 0.9% NaCl with KCl 20 mEq/L infusion [50568]	IV, CONTINUOUS, Routine
[ ]	Discontinue IV Fluids and cap IV per protocol when tolerating PO [NUR185]	Until discontinued, Starting today Discontinue IV Fluids and cap IV per protocol when tolerating PO

Medications

Severe Pain: Parenteral (Single Response) [3044801451]

( )	fentaNYL (SUBLIMAZE) injection [43691]	25-50 mcg, IV, Q 1 HOUR PRN, severe pain If PRN ORAL opioid or opioid-combination product ordered, discontinue this PRN IV opioid when patient tolerating oral intake and change to oral analgesics. Routine

Analgesic / Antipyretic (Single Response) [3044800066]

( )	acetaminophen (TYLENOL) tablet [40712]	650 mg, Oral, Q 4 HOURS PRN, mild pain, fever, Routine
( )	acetaminophen (TYLENOL) solution [530013]	650 mg, Oral, Q 4 HOURS PRN, mild pain, fever, Routine
( )	acetaminophen (TYLENOL) suppository [40715]	650 mg, Rectal, Q 4 HOURS PRN, mild pain, fever, Routine

Laxatives: Stimulants,   Stool Softeners, or Combination (Single Response) [3044800003]

( )	senna (SENOKOT) dose [52135]	2 tablet, Oral, 2 TIMES DAILY Hold if loose stool Routine
( )	docusate sodium (COLACE) capsule [43209]	100 mg, Oral, 2 TIMES DAILY Hold if loose stool Routine
( )	senna/docusate (SENOKOT-S) 8.6-50 mg tablet [65162]	2 tablet, Oral, 2 TIMES DAILY Hold if loose stool Routine

Laxatives: Osmotic   Agents (Single Response) [3044800004]

( )	polyethylene glycol (MIRALAX) packet [66394]	17 g, Oral, DAILY Hold if loose stools Routine
( )	magnesium hydroxide (MILK OF MAGNESIA) suspension [69860]	30 mL, Oral, DAILY Hold if loose stools Routine

Laxatives: Stimulants (Single Response) [3044801448]

( ) bisacodyl (DULCOLAX) suppository [41699]	10 mg, Rectal, DAILY Hold if loose stool Routine

Laxatives PRN: stimulants (Single Response) [3044800008]

( ) bowel management therapy PRN - MIRALAX followed by bisacodyl suppository [4800010219]	
Bowel Management	
[ ] polyethylene glycol (MIRALAX) packet [66394]	17 g, Oral, ONE TIME DAILY PRN, constipation Starting tomorrow First-line therapy - administer if no BM in previous 24 hours. Routine
[ ] bisacodyl (DULCOLAX) suppository [41699]	10 mg, Rectal, ONE TIME DAILY PRN, constipation 2nd Line Therapy - administer if no response from MIRALAX after 24 hours. Repeat MIRALAX dose 2 hours after suppository if still no response. Routine
[ ] notify provider for prolonged constipation [NUR185]	Until discontinued, Starting today Notify provider for prolonged constipation if no BM in previous 48 hours despite administration of prescribed laxatives (MIRALAX and bisacodyl suppository)
( ) bowel management therapy PRN - senna and MIRALAX followed by bisacodyl suppository [4800010258]	
Bowel Management	
[ ] senna (SENOKOT) tablet [52135]	2 tablet, Oral, ONE TIME DAILY PRN, constipation First-line therapy - administer if no BM in previous 24 hours. Continue to administer daily no response (administer in addition to 2nd line agent) Routine
[ ] polyethylene glycol (MIRALAX) packet [66394]	17 g, Oral, ONE TIME DAILY PRN, constipation Starting tomorrow 2nd line therapy - administer if no BM 24 hours after senna. Routine
[ ] bisacodyl (DULCOLAX) suppository [41699]	10 mg, Rectal, ONE TIME DAILY PRN, constipation 3rd Line Therapy - administer if no response from 2nd line agent (MIRALAX) after 24 hours. Repeat MIRALAX dose 2 hours after suppository if still no response. Routine
[ ] notify provider for prolonged constipation [NUR185]	Until discontinued, Starting today Notify provider for prolonged constipation if no BM in previous 72 hours despite administration of prescribed laxatives (senna, MIRALAX, bisacodyl suppository)
( ) senna (SENOKOT) tablet [52135]	1 tablet, Oral, 2 TIMES DAILY PRN, constipation, Routine
( ) magnesium hydroxide (MILK OF MAGNESIA) suspension [69860]	30 mL, Oral, ONE TIME DAILY PRN, constipation, Routine
( ) polyethylene glycol (MIRALAX) packet [66394]	17 g, Oral, ONE TIME DAILY PRN, constipation, Routine

Ulcer Prophylaxis (Single Response) [3044800043]

( ) famotidine (PEPCID) tablet [50788]	20 mg, Oral, 2 TIMES DAILY Gastric acid suppressing agent indication: Routine
( ) famotidine (PEPCID) IV [148596]	20 mg, IV, 2 TIMES DAILY Gastric acid suppressing agent indication: Routine

Potassium Supplement (Single Response) [3044801441]

( ) potassium chloride 20 mEq/100 mL IV PRN sliding scale - STANDARD [850204]	20 mEq, IV, PRN, hypokalemia STANDARD REPLACEMENT: For serum K 3-3.4 mmol/L give 20 mEq x 2 (40 mEq total) For serum K under 3 mmol/L give 20 mEq x 3 (60 mEq total) For serum K under 2.8 or above 5.8 call MD. Routine
( ) potassium chloride 20 mEq/100 mL IV PRN sliding scale - HIGH [850204]	20 mEq, IV, PRN, hypokalemia HIGH REPLACEMENT: For serum K 3.8-3.9 mmol/L give 20 mEq; For serum K 3.6-3.7 mmol/L give 20 mEq x 2 (40 mEq total); For serum K 3.4-3.5 mmol/L give 20 mEq x 3 (60 mEq total); For serum K less than 3.4 mmol/L give 20 mEq x 4 (80 mEq total) For serum K under 3.2 mmol/L or above 5.8 mmol/L call MD. Routine

Magnesium Supplement (Single Response) [3044801369]

( ) magnesium sulfate IV PRN sliding scale - STANDARD [4800010371]	
Serum Mg to be repleted with combination of 1 g and 2 g prefilled magnesium sulfate bags per scale. STANDARD REPLACEMENT: for serum Mg 1.5-1.7 mg/dL give 2 g IV total; for serum Mg 1.2-1.4 mg/dL give 3 g IV total (2 g + 1 g); for serum Mg less than 1.2 mg /dL give 4 g IV total (2 g x 2). Call for Mg under 0.9 or above 3 mg/dL	
[ ] magnesium sulfate 1 g bag [56996]	1 g, IV, for 60 Minutes, PRN, hypomagnesemia STANDARD REPLACEMENT: for serum Mg 1.5-1.7 mg/dL give 2 g IV total; for serum Mg 1.2-1.4 mg/dL give 3 g IV total (2 g + 1 g); for serum Mg less than 1.2 mg /dL give 4 g IV total (2 g x 2). Call for Mg under 0.9 or above 3 mg/dL Routine
[ ] magnesium sulfate 2 g bag [800654]	2 g, IV, for 120 Minutes, PRN, hypomagnesemia STANDARD REPLACEMENT: for serum Mg 1.5-1.7 mg/dL give 2 g IV total; for serum Mg 1.2-1.4 mg/dL give 3 g IV total (2 g + 1 g); for serum Mg less than 1.2 mg /dL give 4 g IV total (2 g x 2). Call for Mg under 0.9 or above 3 mg/dL Routine
( ) magnesium sulfate IV PRN sliding scale - HIGH [800654]	2 g, IV, for 120 Minutes, PRN, hypomagnesemia HIGH REPLACEMENT: For serum Mg 1.8-2.1 mg/dL give 2 g total; For serum Mg less than 1.8 mg/dL give 2 x 2 g (4 g total). Call MD if serum Mg is less than 1.6 mg/dL or greater than 3 mg/dL. Routine

Antihypertensives [3044801459]
Select only one first line and one second line agent.

[X]	First Line (opt #1): labetalol (TRANDATE) injection [51153]	10-20 mg, IV, Q 10 MINUTES PRN, elevated blood pressure, SBP > 140 or DBP > 110 Begin with 10 mg dose. If BP remains elevated 10 minutes after initial dose, redose with 20 mg. Notify MD if inadequate affect after 2 consecutive doses. Hold for HR < 55. First Line Therapy Routine
[ ]	First Line (opt #2): enalaprilat (VASOTEC IV) injection [50704]	IV, Q 6 HOURS PRN, elevated blood pressure, SBP > 140 or DBP > 110, Routine
[ ]	First Line (opt #3): hydrALAZINE (APRESOLINE) injection [44373]	10-20 mg, IV, Q 6 HOURS PRN, elevated blood pressure, SBP > 140 or DBP > 110, Routine
[ ]	Second Line: niCARdipine (CARDENE) 20 mg in saline 200 mL infusion [800158]	0.5-15 mg/hr, IV, CONTINUOUS PRN, elevated blood pressure, SBP > 140 or DBP > 110 Second Line Therapy - initiate if First Line Therapy ineffective Initiate at 5 mg/hour. Titrate 2.5 mg/hour every 5 minutes to maintain SBP less than 140 mmHg and DBP less than 110 mmHg. Maximum 15 mg/hour. Routine