

**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 [ ] CBC  
 [ ] Gualac 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:** [ ] 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: 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 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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|                             |      |      |             |                                       |
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|  |                 |            |
|--|-----------------|------------|
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| Patient Name:  |                 |            |
| Admit Date:  |                 |            |

|   |                           |     |     |    |    |       |    |     |    |
|---|---------------------------|-----|-----|----|----|-------|----|-----|----|
|  <p><b>Salt Lake Regional</b><br/>MEDICAL CENTER<br/>1050 East South Temple - Salt Lake City - Utah 84102<br/>(801) 350-4111</p> | DOB                       | Age | Sex | HT | WT | RM-BD | PT | SVC | FC |
|   | Allergies:                |     |     |    |    |       |    |     |    |
|   | Attending Physician Name: |     |     |    |    |       |    |     |    |