

Southwest General Hospital Admission Order Gastrointestinal Bleed

Attending Physician: _____

Admit to Inpatient: _____ Date: _____ Time: _____

Place in Observation Services: Med/Surg Telemetry ICU MICU
 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: q 2 hr for 24 hrs, then per unit protocol Per unit protocol Every Shift Every _____ hrs
 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)
 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 1800 calorie 2000 calorie 2200 calorie
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Protocols (if available): All protocol orders must be placed in chart

Insulin Infusion Protocol (Glucommander) (ER, IMC, ICU patients only)

Labs: BMP CMP
 Urinalysis CBC
 Occult Blood Stool
 PT/INR
 PTT JH & H every _____ hrs CBC with platelets every 12hrs 24 hrs
 Type and Cross for _____ units PRBC
 Other Labs: _____

Studies: CXray: () Portable () PA/Lateral
 EKG
 Uprights Abdominal Films
 Other: _____

Physician Signature: _____

Date/Time: _____



Account Number: _____ MR Number: _____
Patient Name: _____
Admit Date: _____



7400 Barlite Blvd.
San Antonio, TX 78224
(210) 921-2000

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

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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


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 every 12 hrs
- 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: Golytely 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 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

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Physician Signature: _____
Date/Time: _____

	Account Number:	MR Number:
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	Admit Date:	

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	Allergies:								
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