

DIVERTICULITIS

VTE PROPHYLAXIS ORDERS

A VTE Risk Assessment and appropriate treatment or a contraindication to treatment is required for all patients.

Patient has the following VTE Risk:

- Low VTE Risk (No prophylaxis needed)
- Moderate VTE Risk (Please Order EITHER mechanical (SCD) or pharmacological prophylaxis)
- High VTE Risk (Please Order BOTH mechanical (SCD) or pharmacological prophylaxis)

Contraindications

Reason for withholding Mechanical VTE prophylaxis (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hypervolemia | <input type="checkbox"/> Congestive/Chronic heart failure | <input type="checkbox"/> Sensory neuropathy |
| <input type="checkbox"/> Edema of leg | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Refusal of treatment by patient |
| <input type="checkbox"/> Surgical procedure on lower extremity | <input type="checkbox"/> Injury of lower extremity | <input type="checkbox"/> At risk for falls |
| <input type="checkbox"/> Comfort measures | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Skin graft disorder |
| <input type="checkbox"/> Amputee-limb | <input type="checkbox"/> Peripheral ischemia | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Deep vein thrombosis of lower extremity | <input type="checkbox"/> Deformity of leg | <input type="checkbox"/> History of occlusive arterial disease of lower extremity |
| <input type="checkbox"/> Suspected deep vein thrombosis | <input type="checkbox"/> Treatment not tolerated | |
| | <input type="checkbox"/> Vascular insufficiency of limb | |

Reason for withholding Pharmacologic VTE prophylaxis (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood coagulation disorders | <input type="checkbox"/> Palliative care (for end of life) | <input type="checkbox"/> At risk for falls |
| <input type="checkbox"/> Bleeding or at risk for bleeding | <input type="checkbox"/> Comfort measures | <input type="checkbox"/> Hemorrhagic cerebral infarction |
| <input type="checkbox"/> Renal impairment | <input type="checkbox"/> Anticoagulant allergy | <input type="checkbox"/> Medications refused |
| <input type="checkbox"/> Anticoagulation not tolerated | <input type="checkbox"/> Platelet count below ref | |

- Leg compression device to be placed within 4 hours

**For Medical patient, dose should be given at 2100 daily. [Evidence](#)

- Enoxaparin (Lovenox) 40 mg SubQ daily. Start today at 21:00.

Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

ADMIT - Select Only One

- Place in SDC Status (SDC). Out-Patient Procedure/Surgery Recovery (Expected and/or Extended Recovery) to include Blood Transfusions.

- Place in Observation. Reason to admit/place: _____
(The physician must document the reason for observation (INo).

- Admit as Inpatient. Preferred unit: _____
Reason to admit: _____
(The physician must document the reason for inpatient).

CODE STATUS

REMINDER - For DNAR status complete separate DNAR Physician Order Set

SKIN TREATMENT AND PREVENTION

- Initiate designated skin set: If Braden score of 18 or less initiate Skin Treatment and Prevention short set. For any other skin issues initiate designated skin order set(s).

NURSING

- Apply telemetry monitoring
- May leave floor without telemetry

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MEDITECH NAME: DIVERTICULITIS

MEDICTECH MNEMONIC: GI.DIV

Kathleen Close/Moro/Coutsoftides/Gregory

ZYNX - NONE

V:\SJO Ordersets\Order Sets\MEDICAL INFECTIOUS DX\Diverticulitis

ACTIVITY

- May shower

NUTRITION

- NPO except for ice chips and popsicles
- Clear Liquids

IV FLUIDS

- Dextrose 5% / 0.45% Sodium Chloride + KCl 20 mEq/liter IV to run at 125 mL/Hr.
- Sodium Chloride 0.9% + KCl 20 mEq/liter IV to run at 125 mL/Hr.
- Saline lock IV if tolerating Po fluids, Temp < 100.4° F, HCT > 30, and PCA not required. Saline Flush Peripheral IV with 2 mL IV Push Q 8 Hrs and after each IV medication dose. RN to contact Pharmacy to DC IV Fluid order(s) when IV Fluid is converted to saline lock.

MEDICATIONS

REMINDER: For PCA orders – Use appropriate PCA order form/SS

Analgesic/Antipyretic medications - Mild Pain/HA/Fever

- Acetaminophen (Tylenol) 650 mg Po Q 4 Hrs Prn Temp > 101 °F or mild pain (scale 1-3). For mild pain start when PCA (if ordered) is being discontinued. *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*

Analgesic medications - Moderate Pain

- Norco 5-325 (Hydrocodone 5 mg/Acetaminophen 325 mg) 1 Tab Po Q 4 Hrs Prn moderate pain (scale 4-6). If ineffective after 1 Hr, give 1 additional Tab, then may give 2 Tabs Po Q 4 Hrs Prn moderate pain thereafter. If patient is on PCA, start when PCA is being discontinued.
Total Acetaminophen not to exceed 4,000 mg/24 Hrs
- OxyCODONE immediate release (IR) 5 mg Po Q 6 Hrs Prn moderate pain (scale 4-6). If Norco is ordered for moderate pain, give Norco first. If Norco regimen ineffective after 2 Hrs, give OxyCODONE IR. If patient is on PCA, start when PCA is being discontinued.

Analgesic medications: Severe Pain *Physician to select **ONE** drug only*

- MorphINE 2 mg IV Push Q 3 Hrs Prn severe pain (scale 7-10). If ineffective after 30 mins, give severe breakthrough pain medications (if ordered). If patient is on PCA, start when PCA is being discontinued.
- HYDROMorphone (Dilaudid) 0.4 mg IV Push Q 3 Hrs Prn severe pain (scale 7-10). If ineffective after 30 mins, give severe breakthrough pain medications (if ordered). If patient is on PCA, start when PCA is being discontinued.

Analgesic medications: Breakthrough Pain *Physician to select **ONE** drug only*

- MorphINE 1 mg IV Push Q 30 mins Prn severe breakthrough pain (scale 7-10) up to a maximum of 2 doses in a 3 Hr period. If patient is on PCA, start when PCA is being discontinued.
- HYDROMorphone (Dilaudid) 0.2 mg IV Push Q 30 mins Prn severe breakthrough pain (scale 7-10) up to a maximum of 2 doses in a 3 Hr period. If patient is on PCA, start when PCA is being discontinued.

Antibiotic medications

- For Mild-Moderate Diverticulitis withOUT Beta Lactam Allergy (Select CefTRIAxone AND MetroNIDAZOLE)
- For Mild-Moderate Diverticulitis in Pts WITH Beta Lactam Allergy (Select Levofloxacin AND MetroNIDAZOLE)
- For Severe Diverticulitis in Pts withOUT Beta Lactam Allergy (Select Zosyn AND MetroNIDAZOLE)
- For Severe Diverticulitis in Pts WITH Beta Lactam Allergy (Select Levofloxacin AND MetroNIDAZOLE AND Vancomycin)
- CefTRIAxone (Rocephin) 1 Gm IVPB Q 24 Hrs

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ZYNX - NONE

V:\SJO Ordersets\Order Sets\MEDICAL INFECTIOUS DX\Diverticulitis

- Levofloxacin (Levaquin) 500 mg IVPB Q 24 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Diverticulitis
- MetroNIDAZOLE (Flagyl) 500 mg IVPB Q 8 Hrs
- Vancomycin IV per Pharmacy protocol to achieve target trough levels = 10 – 15 mg/L. Indication: Diverticulitis
- Zosyn (Piperacillin /Tazobactam) 3.375 Gm IVPB Q 8 Hr. Pharmacy to adjust per renal dosing protocol. Indication: Diverticulitis

GI medications: Anti-emetics

- Ondansetron (Zofran) 4 mg IV Push Q 12 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered. May give IM if no IV access.
- ProCHLORperazine (Compazine) 10 mg IV Push Q 6 Hrs Prn N&V. If ondansetron Prn is also ordered, give ondansetron first. If ondansetron ineffective after 30 mins, give proCHLORperazine as ordered. May give IM if no IV access.

GI medications: Stress Ulcer Prophylaxis/Antacids

- Famotidine (Pepcid) 20 mg IV Push BID. RN to contact Pharmacy to enter Po order if pt is able to take Po. Pharmacy to adjust per renal dosing protocol.

Other medications: _____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Hematology

- Complete Blood Count (CBC) - in AM

LABORATORY - Chemistry

- Basic Metabolic Panel (BMP) - in AM
- Chemistry Panel Comprehensive (CMP) - in AM
- Phosphorous - in AM
- Cholesterol - in AM
- Lactate Dehydrogenase (LDH) - in AM
- Uric Acid - in AM

LABORATORY – Coagulation

- Prothrombin Time (PT INR)
- Partial Thromboplastin Time (aPTT)

LABORATORY - Urine

- Urinalysis (UA)
- Urinalysis Reflex culture

DIAGNOSTICS - CT

- CT Abdomen and Pelvis with and without Contrast; Reason for exam; Diverticulitis
- CT Peritoneal Abscess Drainage