

GYN ADMISSION

GYN Admission Orders

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 of admission

**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.

**For Surgical patient, dose should be given at 0600 daily [Evidence](#)

- Enoxaparin (Lovenox) 40 mg SubQ daily. Start tomorrow at 0600. Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

ADMIT- Select Only One

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

DIAGNOSIS _____

CODE STATUS

REMINDER: For DNAR status complete separate DNAR Physician Order Set

GYN ADM OS V21_11.16.12 OK FOR PRINTING

MEDITECH NAME: GYN ADMISSION

MEDITECH MNEUMONIC: OB.ADM

ZYNX-MS Tele ADM

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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

- Monitor intake and output
- Apply antiembolism stocking
- Insert indwelling urinary catheter; Reason for placement: _____
- BGM (blood glucose monitoring) - AC and HS
- BGM (blood glucose monitoring) - Q 6 hours when NPO
- Incentive spirometry Q 2 hours while awake
- Apply Telemetry Monitoring
- May Leave Floor without Telemetry

ACTIVITY

REMINDER: If there are no restrictions nursing will ambulate the patient at least four times a day per policy PC-112

- May shower
- Activity restrictions:** Bed rest
- Activity restrictions:** Bed rest with bathroom privileges (BRP)

RESPIRATORY

- Apply O2 with Defined Parameters: maintain oxygen SAT \geq 90%
- Oximetry spot check Q shift on room air

NUTRITION

- NPO except ice chips and meds
- NPO except sips with meds
- Clear liquid
- Regular Diet
- Diabetic 1800 Calorie Diet
- Diabetic Standard 2000 Calorie Diet

IV FLUIDS

- Dextrose 5% / Lactated Ringers IV to run at 125 mL/Hr
- Sodium Chloride 0.9% 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 SS/order form

Analgesic/Antipyretic medications: Mild Pain/HA/Fever

- Acetaminophen (Tylenol) 650 mg Po Q 4 Hrs Prn HA, mild pain (scale 1-3), or Temp > 101° F. (Total Acetaminophen not to exceed 4,000 mg/24 Hrs)

****Physician to select ONE dose only****

- Ibuprofen (Motrin) 600 mg Po Q 6 Hrs Prn mild pain (scale 1-3). Hold if pt is receiving Ketorolac. If Acetaminophen (Tylenol) is also ordered for mild pain use Ibuprofen (Motrin) instead of Acetaminophen (Tylenol) for mild pain.
- Ibuprofen (Motrin) 800 mg Po Q 6 Hrs Prn mild pain (scale 1-3). Hold if pt is receiving Ketorolac. If Acetaminophen (Tylenol) is also ordered for mild pain use Ibuprofen (Motrin) instead of Acetaminophen (Tylenol) for mild pain.

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

- 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)
- Percocet 5-325 (Oxycodone 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)

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

- Morphine 2 mg IV Push Q 2 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. May give IM if no IV access.
- HYDROMorphone (Dilaudid) 0.4 mg IV Push Q 2 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. May give IM if no IV access.

Analgesic medications: Severe 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 4 doses in a 2 Hr period. If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.
- HYDROMorphone (Dilaudid) 0.2 mg IV Push Q 30 mins Prn severe breakthrough pain (scale 7-10) up to a maximum of 3 doses in a 2 Hr period. If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.

Analgesic medications: Other

****For patients > or = 65 years old or < 50 Kg, use 15 mg order**

- Ketorolac (Toradol) 15 mg IV Push Q 6 Hrs ATC x 36 Hrs. DO NOT give if platelets are < 100,000, Scr > 1.2, pt exhibits signs and symptoms of bleeding, or if pt is taking other NSAIDs.

****For patients < 65 years old, use 30 mg order**

- Ketorolac (Toradol) 30 mg IV Push Q 6 Hrs ATC x 36 Hrs. DO NOT give if platelets are < 100,000, Scr > 1.2, pt exhibits signs and symptoms of bleeding, or if pt is taking other NSAIDs.

CNS medications: Hypnotics

****For patients > or = 65 years old, use 5 mg dose**

- Zolpidem (Ambien) 5 mg Po at bedtime Prn insomnia

****For patients < 65 years old, use 10 mg dose**

- Zolpidem (Ambien) 10 mg Po at bedtime Prn insomnia

Respiratory medications: Smoking Cessation

****For smoking Hx < or = 10 cigarettes/day, or pts < 45 Kg, or pts WITH cardiovascular disease, use 14 mg dose**

- Nicotine Transdermal Patch 14 mg/24 Hrs topically to chest wall daily

****For smoking Hx > 10 cigarettes/day, and pts > or = 45 Kg, and pts withOUT cardiovascular disease, use 21 mg dose**

- Nicotine Transdermal Patch 21 mg/24 Hrs topically to chest wall daily

GI medications: Anti-emetics

- 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.

****Physician to select only ONE of the following Ondansetron orders**

- Ondansetron (Zofran) ODT 8 mg SubL Q 8 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered.
- 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.
- Ondansetron (Zofran) 8 mg IVPB Q 8 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered.

GI medications: Stress Ulcer Prophylaxis/Antacids ***Physician to select ONE route only***

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

GI medications: Laxatives/Stool Softeners/etc

- Senokot S (docusate 50 mg/sennosides 8.6 mg) 1 Tab Po BID. Hold for loose stool.
- Miralax 17 Gm dissolved in 4-8 ounces of beverage Po daily. Hold for loose stool.
- Milk of Magnesia (MOM) 30 mL Po Q 6 Hrs Prn constipation (product contains magnesium salts)
- Bisacodyl (Dulcolax) suppository 10 mg PR daily Prn constipation if Milk of Magnesia (MOM) (if ordered) not effective.
- Fleets enema adult 1 bottle (133 mL) PR daily Prn constipation if Milk of Magnesia (MOM) (if ordered) and Bisacodyl (Dulcolax) (if ordered) not effective. (product contains phosphate salts)
- Loperamide (Imodium A-D) 2 mg Po Q 4 Hrs Prn Diarrhea. Max of 16 mg (8 capsules) per 24 Hrs.
- Maalox Plus (aluminum/magnesium/simethicone) 30 mL Po Q 4 Hrs Prn indigestion (product contains magnesium salt)

GU medications: Hormonal Therapy

- MedroxyPROGESTERone (Provera) 10 mg Po Daily
- Norethindrone Acetate (Aygestin) 5 mg Po Daily
- **Physician to select ONE dose only****
- Estradiol Transdermal Patch (Climara) 0.05 mg/24 Hrs topically to abdomen weekly
- Estradiol Transdermal Patch (Climara) 0.1 mg/24 Hrs topically to abdomen weekly

Endocrine medications: Diabetic Therapy

REMINDER: For Subcutaneous Insulin Orders - Use Subcutaneous Insulin Short Set/Order Form

Other medications

- DiphenhydrAMINE (Benadryl) 25 mg Po Q 6 Hrs Prn itching. If ineffective after 60 mins, give DiphenhydrAMINE (Benadryl) 25 mg Po x 1 dose.
- **For patients > or = 65 years old, use 12.5 order**
- DiphenhydrAMINE (Benadryl) 12.5 mg IV Push Q 6 Hrs Prn itching if pt unable to take Po DiphenhydrAMINE (if ordered).
- **For patients < 65 years old, use 25 mg order**
- DiphenhydrAMINE (Benadryl) 25 mg IV Push Q 6 Hrs Prn itching if pt unable to take Po DiphenhydrAMINE (if ordered). If ineffective after 60 mins, give DiphenhydrAMINE (Benadryl) 25 mg IV Push x 1 dose.

Other medications: _____

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

LABORATORY - Hematology

- Complete Blood Count (CBC) - STAT

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V:\SJO Ordersets\Order Sets\OB-GYN\GYN ADMISSION- all versions

- Complete Blood Count (CBC) - In AM
- Erythrocyte Sediment Rate (ESR) - In AM

LABORATORY - Chemistry

- Basic Metabolic Panel (BMP) - in AM
- Complete Metabolic Panel (CMP) - in AM

LABORATORY - Urine

- Urinalysis Reflex Culture (UATC) - In AM

MICROBIOLOGY

- Culture, Blood from 2 separate sites 15 min apart
- Culture, Urine- now

DIAGNOSTICS - Ultrasonography

- US Transvaginal: Reason for exam: _____
- US Pelvic Complete (Transabdominal): Reason for exam: _____
- US Gallbladder Only Reason for exam: _____
- US Renal/Retroperitoneal Reason for exam: _____
- US Abdomen Complete Reason for exam: _____
- US Abdomen Limited Reason for exam: _____

MD CONSULTS

REMINDER: Consider specialty referral: Gastroenterology, Urology, Surgery, Infectious Disease

- Gastroenterology; Dr _____
- Urology; Dr _____
- Surgery; Dr _____
- Infectious Disease; Dr _____

REQUESTS FOR SERVICE

- Consult for Case Management
- Consult for Social Services