

HYPEREMESIS ADMITTING

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 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).

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

- Vital signs other than routine: Q 4 Hrs
- Monitor intake and output
- Assess fetal heart tones (FHT) Q day, for patients up to 20 weeks gestation

HYPEREMESIS ADM OS V23_11.07.12.OK FOR PRINTING

MEDITECH NAME: HYPEREMESIS ADMITTING

MEDITECH: OB.HYPEM

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V:\SJO Ordersets\Order Sets\OB-GYN\OB HYPEREMESIS ADM - versions 15+

Blood glucose monitoring (BGM) Q 6 Hrs while NPO. Recommended for diabetics

ACTIVITY

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

Activity Restrictions: _____

NUTRITION

NPO

Hyperemesis Diet

IV FLUIDS

Dextrose 5% / Lactated Ringers + KCl 10 mEq/Liter IV to run at 200 mL/Hr x 1st Liter, then 150 mL/Hr x 2nd Liter, then 125 mL/Hr.

Sodium Chloride 0.9% IV to run at 125 mL/Hr.

Saline lock Peripheral 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

Multivitamins (MVI) 10 mL/500 mL NS IVPB over 4 Hrs daily.

Analgesic/Antipyretic medications: Mild Pain/Fever

Acetaminophen (Tylenol) 650 mg suppository PR Q 4 Hrs Prn mild pain (scale 1-3) or Temp > 101 °F.

Total Acetaminophen not to exceed 4,000 mg/24 Hrs

GI medications: Anti-emetics *Physician to select ONE drug only*

Ondansetron (Zofran) 8 mg IVPB Q 8 Hrs ATC

Metoclopramide (Reglan) 10 mg IV Push AC and Bedtime ATC

ProCHLORperazine (Compazine) 10 mg IV Push Q 6 Hrs Prn N&V. May give IM if no IV access.

ProMETHazine (Phenergan) suppository 25 mg PR QID Prn breakthrough N&V

GI medications: Stress Ulcer Prophylaxis

Famotidine (Pepcid) 20 mg IV Push BID. Pharmacy to adjust per renal dosing protocol.

Endocrine medications: Diabetic Therapy

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

Other medications: _____

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

LABORATORY - Hematology

Complete Blood Count (CBC)

LABORATORY - Chemistry

Complete Metabolic Panel (CMP)

LABORATORY - Urine

Urinalysis with Reflex Culture

DIAGNOSTICS - Interventional Radiology

PICC Line without Port Pump > 5 yrs – STAT

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US Guidance for CV Line - STAT

DIAGNOSTICS - Ultrasonography

Complete OB US \geq 14 weeks; Reason for exam: HYPEREMESIS for Biometry and Dating

Complete OB US <14 weeks; Reason for exam: HYPEREMESIS for Biometry and Dating

REQUEST FOR SERVICES

Nutritional Consult; Reason: _____

Consult Case Management

Consult Social Services