

Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders Gastrointestinal Bleed

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU
Place in Observation Services: Med/Surg Telemetry
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 (see DNR orders)

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 NPO 2 gm low sodium
 Clear liquid Full liquid
 Cardiac Carbohydrate Controlled _____ Calories
 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
 Guaiac 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:	

Pioneer Valley HOSPITAL A CAMPUS OF JORDAN VALLEY MEDICAL CENTER	3460 S. Pioneer Prky. West Valley City Utah 84120 (801) 964-3100	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 q 12 hrs
- Famotidine (Pepcid) 20mg IV twice daily
- Transfuse _____ units PRBC. Give _____ mg IV Lasix between transfusions (units).
- Transfuse _____ units FFP
- Bowel 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 hrs 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 24 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 (not to exceed 4 grams per 24 hrs)
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN 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:

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

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:	

Pioneer Valley HOSPITAL A CAMPUS OF JORDAN VALLEY MEDICAL CENTER	3460 S. Pioneer Prky. West Valley City Utah 84120 (801) 964-3100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
		Allergies:									
		Attending Physician Name:									