

Patient Care Orders IBD Admission Orders

1. Check Caution Sheet for any allergies before ordering.
2. Medication orders must include drug, dose, route, frequency, and if applicable, duration.
3. If the medication order is STAT or URGENT, notify RN and place a large In the STAT/URGENT box at right.
4. Do not use prohibited abbreviations.

STAT / URGENT
Use checkbox for medication orders ONLY

| yyyy-Mon-dd | Time | Admit to Dr. _____ | Diagnosis: _____ |
|-------------|------|---|------------------|
| | | 1. Discontinue all previous orders. | |
| | | 2. Nutrition: <input type="checkbox"/> NPO <input type="checkbox"/> Clear fluids <input type="checkbox"/> Soft <input type="checkbox"/> Low fibre <input type="checkbox"/> Diet as Tolerated <input type="checkbox"/> Lactose free <input type="checkbox"/> sips of water with medications <input type="checkbox"/> other _____ | |
| | | 3. Activity: <input type="checkbox"/> as tolerated <input type="checkbox"/> _____ | |
| | | 4. Vital signs: <input type="checkbox"/> routine <input type="checkbox"/> every _____ hours | |
| | | 5. Blood glucose monitoring BID for 48 hours if on corticosteroids | |
| | | 6. Consult: <input type="checkbox"/> Dietician <input type="checkbox"/> Social Worker – reason: _____ | |
| | | 7. Investigations: | |
| | | <input checked="" type="checkbox"/> CBC and differential, electrolytes, creatinine, calcium magnesium, PO4, BUN, AST, ALT, ALP, GGT bilirubin, lipase, INR, PT, CRP, ESR, iron studies, ferritin, vitamin B12, folate, albumin | |
| | | <input type="checkbox"/> Peripheral blood smear x once | |
| | | <input type="checkbox"/> Zinc, selenium and vitamin D if not previously done within the past one year | |
| | | <input type="checkbox"/> If not available on Netcare: HepBsAg, HepBsAb, HepBcAb, HepCAb x 1 | |
| | | <input checked="" type="checkbox"/> CBC, electrolytes, creatinine, CRP daily <input type="checkbox"/> If have a fever above 38°C blood culture x 1 set, urine culture and urinalysis <input type="checkbox"/> Stool for culture, ova and parasites | |
| | | <input checked="" type="checkbox"/> C. difficile assay on admission even if previously completed | |
| | | 8. Xrays: <input type="checkbox"/> abdominal xray (supine and upright) <input type="checkbox"/> rule out toxic megacolon <input type="checkbox"/> rule out obstruction <input type="checkbox"/> chest xray (PA and lateral) for TB screening while on immunosuppressant agents | |
| | | 9. Stool chart at patient's bedside to be completed by patient | |
| | | 10. <input type="checkbox"/> IV _____ at _____ mL/hour <input type="checkbox"/> IV saline locked | |
| | | 11. <input type="checkbox"/> Colonoscopy: date _____ time _____ | |
| | | 12. Colonic lavage (GoLyte) 4 liters. Start at _____ on _____. Take 300mL every 15 minutes until completed. Inform physician if patient unable to complete 4 liters. Clear fluids to begin at 1200hrs the day before the colonoscopy. NPO after midnight the day of the colonoscopy. | |
| | | 13. <input type="checkbox"/> Gastroscopy: date _____ time _____ NPO after midnight the day of the gastroscopy. | |
| | | 14. Medications: | |
| | | <input type="checkbox"/> Tuberculin PPD (Mantoux) test - 0.1mL intradermal x 1 if not completed in the past year. Read in 48 hours (72 hours if patient is taking corticosteroids or immunosuppressants). Fax results to IBD Nurse at 780-248-1945. | |

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| yyyy-Mon-dd | Time | 15. Medications (continued): |
|-------------|------|--|
| | | <input type="checkbox"/> Methylprednisolone sodium 30mg IV q12h x 72 hours. To be reassessed by physician at 72 hours. |
| | | <input type="checkbox"/> Ciprofloxacin 500 mg po q12h. To be reassessed by physician at 72 hours. |
| | | <input type="checkbox"/> Metronidazole 500 mg po TID x 72 hours. To be reassessed by physician at 72 hours. |
| | | <input type="checkbox"/> 5-aminosalicylic acid _____ g po |
| | | <input type="checkbox"/> 5-aminosalicylic acid enemas 4g per rectum QHS to be held as long as possible |
| | | <input type="checkbox"/> Hydrocortisone 100mg / 60mL enema 60 mL per rectum every morning to be held as long as possible |
| | | <input type="checkbox"/> Cortifoam 1 dose per rectum BID |
| | | <input type="checkbox"/> Vancomycin given orally 125mg po QID if severe C. difficile diarrhea |
| | | <input type="checkbox"/> Vitamin D 2000 units po daily |
| | | <input type="checkbox"/> Calcium carbonate 500mg po BID |
| | | <input type="checkbox"/> Enoxaparin 40mg subcutaneous daily (caution if GFR less than 30 mL/minute). Call physician if going to hold. If not prescribing, state why. |
| | | <input type="checkbox"/> Heparin 5000 units subcutaneously BID |
| | | <input type="checkbox"/> Zopiclone 7.5 mg po QHS PRN |
| | | <input type="checkbox"/> DimenhyDRINATE 25-50mg po/IV q6h PRN for nausea or vomiting |
| | | 16. Post admission next day orders – contact Resident to determine if appropriate |
| | | <input type="checkbox"/> If Ferritin less than 30, order Iron Sucrose as per protocol 17. Iron Sucrose Infusion. |
| | | <input type="checkbox"/> Active IBD: if Ferritin greater than 100 and Tsat less than 0.16, order Iron Sucrose as per protocol 17. |
| | | Physician signature: |
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