

UMC Health System

Patient Label Here

GASTRIC TUBE DECOMPRESSION PLAN  
- Phase: Cleared For Use

PHYSICIAN ORDERS

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Communication

Confirm Gastric Tube Placement - Cleared (Confirm Gastric Tube Placement - Cleared for Use)

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





GASTRIC TUBE DECOMPRESSION PLAN  
- Phase: Maintenance Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<b>Patient Care</b>	
	Maintain Gastric Tube <input type="checkbox"/> Measure Output q4h
	Do NOT Manipulate NG/OG Tube
<b>Diagnostic Tests</b>	
	DX Abdomen Portable
	DX Chest Portable

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

