







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>POC Blood Sugar Check</b> <input type="checkbox"/> Stat and repeat q30 min x 2 the q1h. If Blood Sugar < 70.
	If Blood Sugar less than 70 and patient is symptomatic: <b>glucose (D50)</b> <input type="checkbox"/> 25 g, IVPush, syringe, ONE TIME per Rapid Response Standing Delegation Order
	<b>Perform Neurological Checks</b> <input type="checkbox"/> q15min, and assess LOC.
<b>Hematemesis Stat</b>	
	<b>EKG-12 Lead</b> <input type="checkbox"/> STAT
	<b>CBC</b> <input type="checkbox"/> STAT
	<b>Basic Metabolic Panel (BMP)</b> <input type="checkbox"/> STAT
	***For Transfusion Orders see ...ADDITIONAL ORDERS category***
<b>Acute Allergic Reaction Adult</b>	
	<b>diphenhydrAMINE</b> <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME per Rapid Response Standing Delegation Order
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Closely monitor for signs of airway compromise.
<b>Suspected Sepsis</b>	
	<b>Culture Blood</b> <input type="checkbox"/> Blood, STAT
	<b>Lactic Acid Level</b> <input type="checkbox"/> STAT
	<b>Culture Blood</b> <input type="checkbox"/> Blood, Timed, T;N+0015
	<b>Lactic Acid Level</b> <input type="checkbox"/> Timed, T;N+0015
	<b>Arterial Blood Gas</b> <input type="checkbox"/> STAT, Additional Tests: Lactate
	<b>zProcalcitonin Now (Procalcitonin Now)</b> <input type="checkbox"/> STAT, T;N
	<b>zProcalcitonin at 24 hours (Procalcitonin at 24 hours)</b> <input type="checkbox"/> Timed, T;N+0015
<b>...Additional Orders</b>	
	<b>Insert Peripheral Line (Insert Intraosseous)</b> <input type="checkbox"/> T;N, as needed for emergency if peripheral access cannot be obtained

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

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



UMC Health System

RAPID RESPONSE SDO - DR. A. YEPES-HURTADO

Patient Label Here

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<p><b>UMC Health System</b></p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>Laboratory</b>
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>***CRITICAL BLOOD SHORTAGE***</p> <p>****Due to a blood shortage both locally and nationally, strongly consider the indications and evidence for this transfusion prior to placing the order. Transfusion guidelines are attached to each order below. ***</p> <p>***Select the product to transfuse and the post transfusion lab, if applicable***</p> <p><b>BB PRBC for pts 25 kg or GREATER</b>  <input type="checkbox"/> Priority: To Transfuse When Ready, 1 units                      <input type="checkbox"/> Priority: To Transfuse When Ready, 2 units</p>
	<p><b>BB Platelet for pts 25 kg or GREATER</b>  <input type="checkbox"/> Priority: To Transfuse When Ready, 1 units</p>
	<p><b>BB Plasma for pts 25 kg or GREATER</b>  <input type="checkbox"/> Priority: To Transfuse When Ready, 1 units                      <input type="checkbox"/> Priority: To Transfuse When Ready, 2 units</p>
	<p><b>BB Cryoprecipitate for pts 25 kg or GREATER (BB Cryoprecipitate for pts 25 kg or GREATER)</b>  <input type="checkbox"/> Priority: To Transfuse When Ready, Type of Cryo: Single Non Pooled  <input type="checkbox"/> Priority: To Transfuse When Ready, Type of Cryo: 5 Pack Pooled</p>
	<p>***Select the following order to transfuse in hemodialysis***</p> <p>***Select the medication(s) to be given, if applicable***</p> <p>***Medications to be given prior to infusion***</p> <p>***Medication to be given in between units***</p> <p>***Medication to be given after all units transfused***</p>
<b>Communication</b>	
	<p><b>Transfusion Instructions For Nursing (DO (Transfusion Instructions For Nursing (DO NOT USE FOR MEDS))</b>  <input type="checkbox"/> Transfuse in Hemodialysis with next treatment</p>
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p><b>acetaminophen</b>  <input type="checkbox"/> 325 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion  <input type="checkbox"/> 500 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion  <input type="checkbox"/> 10 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion  <input type="checkbox"/> 15 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion</p>
	<p><b>diphenhydrAMINE</b>  <input type="checkbox"/> 25 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion.  <input type="checkbox"/> 50 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose                      Give prior to transfusion.  <input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 50 mg                      Give prior to transfusion.                      Max Dose = 50 mg</p>
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BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

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	<p><b>furosemide</b></p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give between units.</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give in between units. Max Dose = 40 mg</p>
	<p><b>furosemide</b></p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give after all units have been transfused.</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give after all units have been transfused. Max Dose = 40 mg</p>
<b>Laboratory</b>	
	<p><b>Post Transfusion H and H</b></p> <p><input type="checkbox"/> STAT, Comment: Draw TWO hours after TRANSFUSION IS complete</p>
	<p><b>Post Transfusion Platelet Count</b></p> <p><input type="checkbox"/> STAT, Comment: Draw After Transfusion</p>
	<p><b>Post Transfusion PT with INR</b></p> <p><input type="checkbox"/> STAT, Comment: Draw After Transfusion</p>
	<p><b>Post Transfusion Fibrinogen</b></p> <p><input type="checkbox"/> STAT, Comment: Draw After Transfusion</p>

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