

UMC Health System SMOKING CESSATION AND TOBACCO TREATMENT PROGRAM PLAN	Patient Label Here
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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
Patient Care	
	COPD Screening Protocol <input type="checkbox"/> ***See Reference Text***
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Inpatient Medications nicotine <input type="checkbox"/> 14 mg, transdermal, adh patch, Daily Do not cut. <input type="checkbox"/> 21 mg, transdermal, adh patch, Daily Do not cut.
	buPROPion (buPROPion 12 hour extended release) <input type="checkbox"/> 150 mg, PO, tab sa, Daily, x 3 days Do not crush or chew.
	buPROPion (buPROPion 12 hour extended release) <input type="checkbox"/> 150 mg, PO, tab sa, BID, Order starts after bupropion daily x3 days is complete. Do not crush or chew.
	Prescription Medications varenicline <input type="checkbox"/> 1 tab (0.5 mg), PO, BID, # 60 <input type="checkbox"/> 1 tab (1 mg), PO, Daily, # 30
Diagnostic Tests	
Spirometry, Pre & Post Bronchodilators	
Consults/Referrals	
	Consult Pulmonary <input type="checkbox"/> Comment: evaluation of COPD based on the presence of a post bronchodialtion FEV1/FVC less than 0.70
	Referral Ambulatory <input type="checkbox"/> Medical Service: Smoking Cessation and Tobacco Treatment, Reason: Smoking Cessation and Tobacco Treatment

<input type="checkbox"/> TO	<input type="checkbox"/> Read Back	<input type="checkbox"/> Scanned Powerchart	<input type="checkbox"/> Scanned PharmScan
Order Taken by Signature: _____	Date _____	Time _____	
Physician Signature: _____	Date _____	Time _____	

