

## Computerized Order Entry Form

Please complete all sections of this page before proceeding to the order sets

Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name

Patient Name: \_\_\_\_\_  
Last First

Medical Record Number: \_\_\_\_\_ Age: \_\_\_\_\_

### CODE STATUS:

FULL CODE

With Advanced Directive for no prolonged life support

Limited CODE

No Intubation

No Chest Compression

No Defibrillation

No Chest Compression, no Defibrillation

No Intubation, no Defibrillation

No Chest Compression, no Intubation

No Intubation, no Defibrillation, no Chest Compression

NO CODE

Terminal comfort care

CODE STATUS is unobtainable from the patient or family member. An order for FULL CODE has been written pending an ability to obtain a CODE STATUS determination.

OTHER: \_\_\_\_\_

## Gi bleeding orders

### Vital Signs

- Measure blood pressure, orthostatic [Evidence](#)

### Medications

#### ***Bowel Cleansing Agents***

- bisacodyl 10 milligram orally once
- POLYETHYLENE GLYCOL ELECTROLYTE SOLUTION 240 milliliter orally every 10 minutes until 4 liters consumed or rectal effluent is clear
- senna 34.4 milligram orally once (4 x 8.6 milligram tablets)
- sodium phosphate 45 milliliter orally once Repeat after 2 hours
- sodium phosphate 135 milliliter rectally once
- magnesium citrate 150 ml now. Repeat in 2 hours.

#### ***Vasoactive Agents*** [Evidence](#)

- octreotide (Sandostatin) 50 microgram solution intravenously once
- octreotide (Sandostatin) 50 microgram/hour intravenously continuous infusion
- propranolol 10mg milligram tablet orally 3 times a day

#### ***Anti-ulcer Agents***

- pantoprazole (Protonix) 80 milligram injection intravenously once over 2 minutes as loading dose
- pantoprazole (Protonix) 8 milligram/hour intravenously as continuous infusion for maintenance

#### ***Procoagulants***

- Vitamin K 10mg SQ for 3 days, 1st dose now
- Mephyton (PO) 2.5 milligram orally once

### Blood Product Transfusion

- C&T for 4 units on hold at all times. Transfuse 2 units for Hb less than 8. CBC following transfusion andq-6hr x 3
- Transfuse Fresh Frozen Plasma, 1 jumbo unit. Repeat PT INR following transfusion.
- Transfuse Platelets, 1 jumbo unit.

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Date

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Time

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Physician Signature

### Laboratory

- Albumin
- Anti-Mitochondrial Antibody
- Ammonia Level , Blood
- H. pylori antibody [Evidence](#)
- Stool H. pylori direct antigen
- Hepatic function panel (CMP + Direct Bilirubin)
- Iron Binding Capacity Total
- Iron Level
- Occult blood, stool
- Prealbumin
- Protein, total, serum

### Serology

- Antinuclear Antibody Panel
- Hep B Surface Ag
- Hep B Core Ab Total
- Hep B Surface Ab
- Hep C Ab

### Diagnostic Tests

- XR Abdomen AP Reason for exam: LGIB
- XR Abdomen AP+Decub +or Erect Reason for exam: LGIB
  
- CT Abdomen wo+w Contrast (reason for exam): \_\_\_\_\_
- CT Abdomen wo Contrast (reason for exam) : \_\_\_\_\_
- US Abdomen Complete (reason for exam) : \_\_\_\_\_
- US Abdomen Limited (reason for exam) : \_\_\_\_\_
- MRI Abdomen wo+w Contrast
  
- IR Visceral Select/Non Select (IMA/SMA) [Evidence](#)
- NM GI Blood Loss Imaging [Evidence](#)
- Intestine imaging Meckel- NM Meckels Diverticulum [Evidence](#)

### AM Diagnostics (tomorrow)

- XR Abdomen AP Reason for exam: LGIB

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Signature

Sutter Health eICU  
1726 28<sup>th</sup> Street  
Sacramento, CA 95816  
Clinical Phone: (916) 453-5108  
Clinical Fax: (916) 453-5110  
Clinical Email: eicu@sutterhealth.org



*Sutter Health*  
Sacramento Sierra Region

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