

ORDERS FOR TREATMENT

STAT / NOW

CIRCLE NAME OF DRUG IF A

GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	GASTROINTESTINAL BLEEDING STANDING ORDERS CCS (Page 1 of 2)					
(PLEASE CIRCLE/CHECK ALL THAT APPLY)							
<p>1. Type and Cross for _____ units of RBC's now Keep _____ units ahead</p> <p>2. Transfuse now: _____ units of RBC's _____ units of FFP _____ units of SDP _____ units of cryoprecipitate</p> <p>3. Labs now: <input type="checkbox"/> Hgb <input type="checkbox"/> platelet count <input type="checkbox"/> Protime/INR <input type="checkbox"/> fibrinogen <input type="checkbox"/> platelet function test <input type="checkbox"/> Other: _____</p> <p>4. Lab monitoring a. Hgb every _____ hours b. Platelet count every _____ hours c. Protime/INR every _____ hours d. Fibrinogen every _____ hours e. Other: _____</p> <p>5. If Hgb _____ then give one unit RBC If Hgb _____ then give two units RBC's If Hgb _____ then give three units RBC's If Hgb less than _____ then call MD</p> <p>6. If platelet count is less than _____ then give one unit SDP's If platelet count is less than _____ then give _____ units SDP's</p> <p>7. If protime/INR _____ then give _____ units of FFP If protime/INR _____ then give _____ units of FFP If protime/INR _____ then give _____ units of FFP</p>							
Provider _____ Date ____ / ____ / ____ Time ____ : ____ Beeper # _____							
Orders not valid without signature, date and time							

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		(PLEASE CIRCLE ALL THAT APPLY)
		8. If fibrinogen is less than 150 then give 10 units of cryoprecipitate.
		9. pantoprazole (PROTONIX) 80mg IV bolus then 40 mg q12 IV x 72 hours then call MD for orders.
		10. octreotide 50 mcg IV bolus then 50 mcg/hr infusion. (Standard therapy is 2 - 5 days of octreotide treatment if portal hypertension confirmed and may have contributed to the bleeding.)
		11. If patient is alcoholic: <ul style="list-style-type: none"> a. thiamine 100mg IV every day x 5 days b. Folic acid 1 mg IV every day x 5 days c. Chemical Dependency consult when patient able Indication: _____
		12. If patient has liver failure: <ul style="list-style-type: none"> a. Vitamin K 10 mg IV now then every day x 5 days b. Vitamin K 10mg IV every 12 hours as needed if INR greater than _____. c. Antibiotic prophylaxis indicated if patient has cirrhosis and an active upper GI bleed (choose one) <ul style="list-style-type: none"> 1) cefTRIAxone 1 gram IV every 24 hours for 7 days 2) ciprofloxacin 400mg IV every 12 hours for 7 days 3) Other:_____
		13. furosemide (LASIX) _____ mg IV every _____ hr as needed for_____.
		14. GI consult Indication: _____
		Dr._____
		15. Interventional Radiology Consult Indication: _____
		Dr._____
		Provider _____ Date _____ / _____ / _____ Time _____ : _____ Beeper # _____

