



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)
		1. Type and Cross for _____ units of RBC's now
		Keep _____ units ahead
		2. Transfuse now:
		_____ units of RBC's
		_____ units of FFP
		_____ units of SDP
		_____ units of cryoprecipitate
		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: _____
		4. Lab monitoring
		a. Hgb every _____ hours
		b. Platelet count every _____ hours
		c. Protime/INR every _____ hours
		d. Fibrinogen every _____ hours
		e. Other:
		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
		6. If platelet count is less than _____ then give one unit SDP's
		If platelet count is less than _____ then give _____ units SDP's
		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
		Provider _____ Date ____/____/____ Time ____:____ Beeper # _____

Orders not valid without signature, date and time

