

Location: \_\_\_\_\_

General

Nursing

Nursing

For patients who require short-term urinary catheterization, avoid the routine use of antimicrobial-coated urinary catheters to prevent UTIs.

For patients with suspected catheter-associated UTI who are unable to tolerate the permanent removal of an indwelling urinary catheter, consider the use of a suprapubic urinary catheter.

For patients with suspected catheter-associated UTIs, consider removing indwelling urinary catheters.

☐ **Telemetry**

☒ **Telemetry monitoring** Continuous, 3, Days, Routine

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Reason for telemetry:

Reason?

☒ **Telemetry Additional Setup Information** Continuous, 3, Days, Routine

High Heart Rate (BPM): ☐ 120 ☐ 120.000

Low Heart Rate(BPM): ☐ 50 ☐ 50.000

High PVC's (per minute): ☐ 10 ☐ 10.000

High SBP(mmHg): ☐ 175 ☐ 175.000

Low SBP(mmHg): ☐ 100 ☐ 100.000

High DBP(mmHg): ☐ 95 ☐ 100.000

Low DBP(mmHg): ☐ 40 ☐ 95.000

Low Mean BP: ☐ 60 ☐ 60.000

High Mean BP: ☐ 120 ☐ 120.000

Low SPO2(%): ☐ 94 ☐ 94.000

☐ **Neuro checks** Every 4 hours, Routine

☐ **Height and weight** Once, Routine

☐ **Daily weights** Daily, Routine

☐ **Intake and Output** Every shift, Routine

☐ **Apply cooling blanket** As needed, Routine, Cooling measures

☐ **IV access care** Per unit protocol, Routine, Remove peripheral IV upon transfer from unit

☐ **Insert and maintain Foley**

☒ **Insert Foley catheter** Once, Routine

Type:

Size:

Urinometer needed:

Indication:

Foley catheter may be removed per nursing protocol.

☒ **Foley Catheter Care** Until discontinued, Routine

Orders: Maintain

☐ **Straight cath** Once, Routine

☐ **Remove Foley catheter** Once, Routine

Notify

☐ **Notify Physician (Specify)** Until discontinued, Routine

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Notify Physician for (Specify lab)** Until discontinued, Routine

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:

Hgb less than:

LDL greater than:

Magnesium greater than (mg/dL):

Magnesium less than (mg/dL):

Platelets less than:

Potassium greater than (mEq/L):

Potassium less than (mEq/L):

PT/INR greater than:

PT/INR less than:

PTT greater than:

PTT less than:

Serum Osmolality greater than:

Serum Osmolality less than:

Sodium greater than:

Sodium less than:

WBC greater than:

WBC less than:

Other Lab (Specify):

☒ **Notify Physician (Specify vitals,output,pulse ox)** Until discontinued, Routine

Temperature greater than: 100.5

Temperature less than:

Systolic BP greater than: 160

Systolic BP less than: 90

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

Heart rate greater than (BPM): 100

Heart rate less than (BPM): 60

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 92

#### Diet

☐ **Diet** Diet effective now, Routine

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

#### IV Fluids

##### Peripheral IV Access

☐ **Initiate and maintain IV**

☒ **Insert peripheral IV** Once, Routine

☒ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care

☒ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

#### IV Bolus

☐ **electrolyte-A (PLASMA-LYTE A) bolus** 500 mL, intravenous, once, 1, Occurrences

☐ **electrolyte-A (PLASMA-LYTE A) bolus** 1000 mL, intravenous, once, 1, Occurrences

☐ **albumin human 5 % bottle** 12.5 g, intravenous, once, 15.000 Minutes

Indication:

☐ **albumin human 5 % bottle** 25 g, intravenous, once, 30.000 Minutes

Indication:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **sodium chloride 0.9 % bolus 500 mL** 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
- ☐ **sodium chloride 0.9 % bolus 1000 mL** 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes
- ☐ **lactated ringer's bolus 500 mL** 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
- ☐ **lactated ringers bolus 1000 mL** 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes

**Maintenance IV Fluids**

- ☐ **sodium chloride 0.9 % infusion** 75 mL/hr, intravenous, once, 1, Occurrences
- ☐ **lactated Ringer's infusion** 75 mL/hr, intravenous, once, 1, Occurrences
- ☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 75 mL/hr, intravenous, continuous
- ☐ **sodium chloride 0.45 % infusion** 75 mL/hr, intravenous, continuous
- ☐ **sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** 75 mL/hr, intravenous, continuous

**Medications**

For appropriately selected patients with complicated UTI and clinically severe infection, treat with antibacterial agents to complete a treatment course of 14 days in total.

For appropriately selected patients with complicated UTIs (eg, men who are febrile, patients who may have bladder outlet obstruction, patients with indwelling catheters), treat with antibacterial agents to complete a treatment course of 7 to 14 days in total

For patients with a Gram-positive organism seen on the initial Gram stain, use an aminopenicillin plus a beta-lactamase inhibitor for 7 days as first-line therapy, with or without a single parenteral dose of an antibacterial agent

For patients with more severe cases of acute pyelonephritis, treat with antibacterial agents to complete a treatment course of 7 to 14 days in total

**Beta Lactamase Inhibitors**

- ☐ **piperacillin-tazobactam (ZOSYN) IV** 3.375 g, intravenous, every 6 hours, STAT

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**\*\*EXTENDED INFUSION\*\*** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Carbapenems**

- ☐ **ertapenem (INVanz) IV** 1 g, intravenous, every 24 hours, STAT

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

ERTapenem must not be mixed or Y-sited into any Dextrose-containing solutions. Flush IV line with Normal Saline before and after administration.

**Cephalosporins 3rd Generation**

- ☐ **ceftriaxone (ROCEPHIN) IV** 1 g, intravenous, every 24 hours, STAT

Indication:

- ☐ **cefepime (MAXIPIME) IV** 1 g, intravenous, every 8 hours, STAT

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**\*\*EXTENDED INFUSION\*\*** Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Aminoglycosides**

- ☐ **gentamicin (GARAMYCIN) IVPB** 5 mg/kg, intravenous, every 24 hours, STAT

Indication:

**Antiemetics**

- ☒ **ondansetron (ZOFTRAN) IV or Oral** (Required)
    - ☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
- Give if patient is able to tolerate oral medication.  
May cause QTc prolongation.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
May cause QTc prolongation.

☐ **promethazine (PHENERGAN)**

☒ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

☒ **promethazine (PHENERGAN) intraMUSCULAR injection** 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics**

☒ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting  
Give if patient is able to tolerate oral medication.  
May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
May cause QTc prolongation.

☐ **promethazine (PHENERGAN) IV or Oral or Rectal**

☒ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics**

☒ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting  
Give if patient is able to tolerate oral medication.  
May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
May cause QTc prolongation.

☐ **promethazine (PHENERGAN) IVPB or Oral or Rectal**

☒ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB** 12.5 mg, intravenous, every 6 hours PRN, 30.000 Minutes, nausea vomiting

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

- ☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
- ☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting  
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antipyretics

- ☐ **Acetaminophen oral, per tube or rectal panel**

**Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)**

- ☒ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)  
fever  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
- ☒ **acetaminophen (TYLENOL)suspension** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)  
fever  
Use if patient cannot swallow tablet.
- ☒ **acetaminophen (TYLENOL) suppository** 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)  
fever  
Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

#### VTE

#### Labs

##### Labs Today

- ☐ **Blood gas, arterial** STAT, 1, Occurrences, Routine, Blood, 3
- ☐ **Basic metabolic panel** Once, Routine, Blood, 3
- ☐ **CBC and differential** Once, Routine, Blood, 3
- ☐ **Comprehensive metabolic panel** Once, Routine, Blood, 3
- ☐ **Hepatic function panel** Once, Routine, Blood, 3
- ☐ **Urinalysis screen and microscopy, with reflex to culture** Once, Routine, Urine

Specimen Source: Urine

Specimen Site:

Specimen must be received in the laboratory within 2 hours of collection.

#### Microbiology

- ☐ **Blood culture, aerobic and anaerobic x 2**
  - ☒ **Blood culture, aerobic and anaerobic x 2**  
Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

**Blood Culture Best Practices** (<https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>)

- ☒ **Blood culture, aerobic & anaerobic** Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
- ☒ **Blood culture, aerobic & anaerobic** Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

#### Cardiology

#### Imaging

##### CT

- ☐ **CT Renal Stone Protocol** 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **CT Abdomen with IV and PO Contrast (Omnipaque)**

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

☒ **CT Abdomen W Contrast** 1 time imaging, Routine

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☒ **iohexol (OMNIPaque) 300 mg iodine/mL oral solution** 300 , once

\*\*FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.\*\*

☐ **CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)**

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

☒ **CT Abdomen Pelvis W Contrast** 1 time imaging, Routine

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☒ **iohexol (OMNIPaque) 300 mg iodine/mL oral solution** 300 , once

\*\*FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.\*\*

**X-Ray**

☐ **Kub Kidney Ureter Bladder** 1 time imaging, Routine

Reason for Exam: Flank pain

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Chest 2 Vw** 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**US**

☐ **US Renal** 1 time imaging, Routine

Is the Ultrasound on a native kidney?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**Other Diagnostic Studies**

**Respiratory**

**Rehab**

**Consults**

**Consults**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Consult Infectious Diseases** Once, Routine

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group: