

PHYSICIAN'S ORDERS

Mark ✓ in for desired orders. If is blank, order is inactive. Ⓢ indicates Performance Measurement.

PEG - PREPROCEDURE

Diet

- Nothing by mouth after midnight _____ (date).

Nursing Orders

- Initiate PEG Caremap: _____ Yes _____ No
 Record weight on chart.
 Consent on chart for percutaneous endoscopic gastrostomy (PEG) placement

Laboratory (Labs day of procedure at 0400 _____ (date) if not on chart within last 72 hours)

- CBC
 Prothrombin Time if on warfarin (COUMADIN) or other anticoagulant within the last 2 weeks.

Consults

- Nutrition consult
 Consult Care Management for Home Care services.

IV Fluids

- D5 / 0.45% Normal Saline at 80 mL per hour - START @ _____ (time)

Medications - Scheduled

Ⓢ Antibiotics - Ⓢ Time antibiotics to ensure completion within 60 minutes of procedure

- ceFAZolin (ANCEF) 1 gram if patient weight 60 kg or less OR 2 grams if patient weight greater than 60 kg IVPB
-OR-

If immediate **allergic reaction to penicillin or beta lactam allergy** is known: (Choose one combination)

- levofloxacin (LEVAQUIN) 500 mg IVPB over 60 minutes AND then clindamycin (CLEOCIN) 900 mg IVPB over 30 minutes.
-OR-
 vancomycin 1000 mg IVPB over 60 minutes AND then gentamicin 80 mg IVPB over 30 minutes
-OR-
 vancomycin 1000 mg IVPB over 60 minutes AND then levofloxacin (LEVAQUIN) 500 mg IVPB over 60 minutes

Date: _____ Time: _____
(Required) (Required)

Prescriber's Signature

Cell/Pager: _____

Printed Name

Scanned to pharmacy / entered into TDS by:

Date _____ Time _____

Orders verified by:

Date _____ Time _____



TRINITY MOTHER FRANCES

HOSPITALS AND CLINICS

PHYSICIAN ORDERS
PEG - PREPROCEDURE

E.F. 171-0970 Rev. 4/11 Pg. 1 of 1



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PHYSICIAN'S ORDERS

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PEG - POST PROCEDURE

Diet (Tube Feeding)

- Hook PEG to low suction times 2 hours post procedure.
- Six hours post procedure, begin tube feeding of _____ at _____ mL per hour.
- Increase tube feeding by 15 mL per hour every 6 hours to maximum of
 60 mL 80 mL per hour Per dietitian recommendation
- Check gastric residual after 6 hours. If less than 150 mL 250 mL, increase rate by 15 mL per hour. If greater than 150 mL 250 mL, discard aspirate and hold tube feeding times 4 hours. Restart at 1/2 prior rate. If further difficulty, contact MD.
- Flush PEG with 30 mL of water after all medications and every shift.

Activity

- Head of bed elevated at least 35 degrees at all time.

Nursing Orders

- Observe for aspiration.
- Abdominal binder to cover PEG at all times if patient is confused, combative, or physician directed.
- Mark all gastric residual checks on graphic or on doctor progress notes.
- If patient is returning home, instruct family on PEG care. Give PEG literature.
- All PO medications to be given via PEG tube must be in liquid form; flush tube with 30 mL water after all medications.

PEG Care (begin on postop day 2):

- Remove bandage and gauze beneath bumper.
- Clean PEG site with Hibiclens soap and water.
- Rotate tube 360 degrees with each cleaning twice daily.
- Place two 2 x 2 gauze beneath bumper post above. No occlusive dressings.

Consults

- Consult Care Management for Home Care services.

IV Fluids

- D5 / 0.45% Normal Saline at 80 mL per hour. Decrease IV rate to KVO [approximately 25 mL per hour] when tube feeding rate at 80 mL per hour.

Medications - Contingency (PRN)

Pain scale rating less than or equal to 3.

- acetaminophen-HYDROcodone (LORTAB ELIXIR) 5 mL every 4 hours as needed for mild pain. Do not exceed 4000 mg of acetaminophen in any 24 hour period.

Pain scale rating 4 to 10.

- acetaminophen-HYDROcodone (LORTAB ELIXIR) 10 mL every 4 hours as needed for moderate to severe pain. Do not exceed 4000 mg of acetaminophen in any 24 hour period.

Date: _____ Time: _____
(Required) (Required)

Prescriber's Signature

Cell/Pager: _____

Printed Name

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Date _____ Time _____

Orders verified by:

Date _____ Time _____



TRINITY MOTHER FRANCES

HOSPITALS AND CLINICS

PHYSICIAN ORDERS
PEG - POST PROCEDURE

E.F. 171-0971 Rev. 4/11 Pg. 1 of 1



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