

Height _____
 Weight _____
 Allergies _____

If appropriate for this patient's condition please consider the following order sets:
 Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity (if patient's GFR is decreased and the patient requires IV contrast study #683
 Febrile Neutropenia, Initial Management ADDENDUM Physician Order #895
 Patient Controlled Analgesia (PCA) Physician Order #564
 VTE Risk Assessment (must follow VTE orders in Oncology Order Set if Risk Assessment not completed) #718

General

Level of Care (Single Response)

<input type="checkbox"/> Admit to Inpatient	Diagnosis: _____ Required Expected length of stay (days): _____ Required Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical. Must be completed by Physician for Inpatient Admissions: Rationale for Inpatient Admission: _____ Required Plans for post hospital care: See Discharge Summary/ Progress Note Level of Care: _____ Required
<input type="checkbox"/> Refer to Observation	Diagnosis: _____ Required Monitor for: _____ Required Notify provider when: _____ Required Level of Care: _____ Required

SAH, SCH, SFH, SJMC & Highline Code Status (Single Response)

<input type="checkbox"/> Full code	This code status was determined by: _____ Required
<input type="checkbox"/> Full treatment WITH intubation but WITHOUT ACLS	This code status was determined by: _____ Required
<input type="checkbox"/> Full treatment WITHOUT intubation and WITHOUT ACLS	This code status was determined by: _____ Required
<input type="checkbox"/> Comfort Care	This code status was determined by: _____ Required

Harrison Code Status (Single Response)

<input type="checkbox"/> Full code	This code status was determined by: _____ Required
<input type="checkbox"/> Full treatment WITH intubation but WITHOUT ACLS	This code status was determined by: _____ Required
<input type="checkbox"/> Full treatment WITHOUT intubation but WITH ACLS	This code status was determined by: _____ Required
<input type="checkbox"/> Full treatment WITHOUT intubation and WITHOUT ACLS	This code status was determined by: _____ Required
<input type="checkbox"/> Comfort Care	This code status was determined by: _____ Required

Vital Signs

<input type="checkbox"/> Vital signs	Routine, Every 4 hours, Starting today
<input type="checkbox"/> Pulse Oximetry	Routine, Every 4 hours, Starting today Keep O2 saturation greater than or equal to:
<input type="checkbox"/> Cardiac monitoring	Routine, Until discontinued, Starting today

Provider Initial: _____



Notify Provider

<input type="checkbox"/> Provider communication order	Routine, Until discontinued, Starting today Provider Name: Notify provider of admission.
<input type="checkbox"/> Notify Provider	Routine, Until discontinued, Starting today Pulse greater than: Respiratory rate less than: Respiratory rate greater than: Temperature greater than (celsius): Urine output less than (mL/hr): Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: Other: Notify physician if Oxygen Saturation is consistently less than 92% or patient requires increasing oxygen support.

Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting today
<input type="checkbox"/> Patient may shower	Routine, Until discontinued, Starting today

Diet/Nutrition

<input type="checkbox"/> Diet NPO	Diet effective now, Starting today NPO Except: Diet Comments:
<input type="checkbox"/> Diet Liquid	Diet effective now, Starting today Diet: _____ Required Additional Modifiers: Viscosity/Liquids: Diet Comments:
<input type="checkbox"/> Diet Cardiac	Diet effective now, Starting today Select/Nonselect: _____ Required Additional Modifiers: Viscosity/Liquids: Texture: Fluid Restriction / day: Supplement: Diet Comments:
<input type="checkbox"/> Diet General	Diet effective now, Starting today Select/Nonselect: _____ Required Patient Age: Additional Modifiers: Viscosity/Liquids: Texture: Fluid Restriction / day: Supplement: Diet Comments:

Provider Initial: _____

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PHYSICIAN ORDERS

PATIENT INFORMATION

<input type="checkbox"/> Diet Diabetic	Diet effective now, Starting today Diet, Diabetic: Select/Nonselect: _____ Required Additional Modifiers: Viscosity/Liquids: Texture: Fluid Restriction / day: Supplement: Diet Comments:
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Nursing Assessments

<input type="checkbox"/> Daily weights	Routine, Daily, Starting today
<input type="checkbox"/> Strict intake and output	Routine, Until discontinued, Starting today, If urine output less than 300 mL every 8 hours then notify provider.

Nursing Interventions

<input checked="" type="checkbox"/> CVAD management protocol	Routine, Until discontinued, Starting today, Nurse may initiate CVAD management protocol per policy
<input checked="" type="checkbox"/> Nurse may use local anesthetic for CVAD access per nursing procedure	Routine, Until discontinued, Starting today
<input type="checkbox"/> Sodium Chloride 0.9% (Normal Saline) oral rinse	Routine, Now then every 4 hours, Starting today With the following limitations: Every 4 hours and PRN oral care.
<input type="checkbox"/> Initiate Mucositis oncology unit specific nursing protocol	Routine, Until discontinued, Starting today
<input type="checkbox"/> Straight cath	Routine, As needed, Starting today, Straight cath every 4-6 hours PRN inability to void or feelings of discomfort/distention.
<input type="checkbox"/> Retention Catheter Panel	
<input type="checkbox"/> Insert urinary retention catheter	Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention. Initiate Medical Staff Approved Urinary Catheter Protocol
<input type="checkbox"/> Urinalysis with culture, if indicated, upon insertion	Daily, Starting today with First Occurrence Include Now For 2 Occurrences Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion.
<input checked="" type="checkbox"/> Nurse may initiate OTC Pt Care Products	Routine, As needed, Starting today

Respiratory Interventions

<input type="checkbox"/> Oxygen therapy	Routine, Continuous, Starting today O2 Delivery Method: Nasal cannula Titrate to saturation of: 90% Indications for O2: Hypoxemia Indicate LPM/FiO2:
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Provider Consults

<input type="checkbox"/> Inpatient consult to Radiation Oncology	Reason for Consult? _____ Required RN/Secretary to contact the consulting provider? _____ Required
<input type="checkbox"/> Inpatient consult to Infectious Diseases	Reason for Consult? _____ Required RN/Secretary to contact the consulting provider? _____ Required
<input type="checkbox"/> Inpatient consult to Palliative Care	Reason for Consult? _____ Required RN/Secretary to contact the consulting provider? _____ Required
<input type="checkbox"/> Inpatient consult to Hospice	Reason for Consult? _____ Required RN/Secretary to contact the consulting provider? _____ Required

Provider Initial: _____



<input type="checkbox"/> Obtain medical records	Routine, Once, Starting today For 1 Occurrences Obtain records from: _____	Required
---	---	-----------------

Ancillary Consults

<input type="checkbox"/> PT eval and treat	Routine, Once, Starting today Reason for PT?	
<input type="checkbox"/> OT eval and treat	Routine, Once, Starting today Reason for OT?	
<input type="checkbox"/> Speech and language pathology eval and treat	Routine, Once, Starting today For 1 Occurrences Type? Bedside swallow dysphagia evaluation	
<input checked="" type="checkbox"/> IP consult to Care Management	Reason for Consult? _____	Required
<input type="checkbox"/> Inpatient consult to Wound Care	Reason for Consult? _____	Required
<input type="checkbox"/> Inpatient consult to IV therapy	Reason for Consult? _____	Required
<input type="checkbox"/> Inpatient consult to Spiritual Care	Reason for Consult? _____	
<input type="checkbox"/> Pharmacy general consult	Routine, Once, Starting today	
<input type="checkbox"/> Inpatient consult to Registered Dietitian	Reason for Consult? _____	

Patient Transport

<input checked="" type="checkbox"/> Telemetry patient may be transported without RN or ECG monitoring	Routine, Until discontinued, Starting today, The following conditions must be met: - No new neuro symptoms - Stable cardiac rhythm for last 12 hours - SaO2 greater than or equal to 92% on 4 liters or less of oxygen - Systolic blood pressure greater than 90 mmHg	
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Labs

Do not repeat admission labs if already done in the ED.

Chemistry

<input type="checkbox"/> Basic metabolic panel	Once, Starting today	
<input type="checkbox"/> Lactate dehydrogenase (LDH)	Once, Starting today For 1 Occurrences	
<input type="checkbox"/> Comprehensive metabolic panel	Once, Starting today For 1 Occurrences	
<input type="checkbox"/> Basic metabolic plus panel	Once, Starting today For 1 Occurrences For patients not on TPN	

Hematology

<input type="checkbox"/> CBC and differential	Once, Starting today For 1 Occurrences	
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Coagulation

<input type="checkbox"/> Protime-INR	Once, Starting today	
<input type="checkbox"/> Activated partial thromboplastin time	Once, Starting today If not on heparin	
<input type="checkbox"/> Heparin level UFH (Anti-Xa)	Once, Starting today	
<input type="checkbox"/> Low molecular wgt heparin (Anti-Xa)	Once, Starting today	

Microbiology

<input checked="" type="checkbox"/> MRSA PCR screen	STAT, Starting today For 1 Occurrences Order contact isolation, if indicated, per MRSA screening protocol.	
<input type="checkbox"/> Respiratory culture and gram stain	Once, Starting today	

Provider Initial: _____

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PATIENT INFORMATION

<input type="checkbox"/>	Blood Culture - Adult	
<input type="checkbox"/>	Blood culture - Specimen #1	Once, Starting today For 1 Occurrences
<input type="checkbox"/>	Blood culture - Specimen #2	Once, Starting today For 1 Occurrences

Urine

<input type="checkbox"/>	Urinalysis with culture, if indicated	Once, Starting today
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Imaging

#683 Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity (if patient's GFR is decreased and the patient requires IV contrast study)

Imaging - Head and Neck

<input type="checkbox"/>	CT head without contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	CT head with contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	CT head with and without contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	CT soft tissue neck with contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	CT soft tissue neck without contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	CT soft tissue neck with and without contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/>	MRI brain with contrast	Routine, 1 time imaging, Starting today For 1 Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed

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PHYSICIAN ORDERS

PATIENT INFORMATION

[] MRI brain without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
[] MRI brain with and without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
[] MRI neck soft tissue only without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed

Imaging - Chest

[] X-ray chest PA or AP	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Transport Mode: Bed
[] X-ray chest PA and lateral	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Transport Mode: Bed
[] X-ray chest AP portable	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Transport Mode: Bed
[] CT chest with contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
[] CT chest without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
[] CT chest with and without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed

Provider Initial: _____

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PHYSICIAN ORDERS

PATIENT INFORMATION

Imaging - Abdomen and Pelvis

<input type="checkbox"/> CT abdomen with contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT pelvis with contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT pelvis without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT pelvis with and without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT abdomen without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT abdomen with and without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT abdomen pelvis without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed
<input type="checkbox"/> CT abdomen pelvis with and without contrast	Routine, 1 time imaging, Starting today For 1 Occurrences Is the patient pregnant? _____ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): _____ Required Transport Mode: Bed

SAH, SCH, SFH, SJMC & Highline Cardiac Studies

<input type="checkbox"/> ECG 12 lead unit performed on admission	Routine, Once, Starting today Reason for Exam (Signs & Symptoms): _____ Required Order details
--	---

Provider Initial: _____

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PHYSICIAN ORDERS

PATIENT INFORMATION

<input type="checkbox"/> ECG 12 lead	Routine, As needed, Starting today Reason for Exam (Signs & Symptoms): _____ Required ECG PRN for recurrent chest pain and notify MD.
<input type="checkbox"/> Echocardiogram 2D without color/doppler	Routine, 1 time imaging, Starting today Provider Name: _____ To be read by on-call cardiologist of provider specified.
<input type="checkbox"/> Provider communication order	Routine, Until discontinued, Starting today Provider Name: _____ Call ordering provider or provider specified with results.

Harrison IP Cardiac Studies Oncology

<input type="checkbox"/> ECG 12 lead	Routine, As needed, Starting today Reason for Exam (Signs & Symptoms): _____ Required ECG PRN for recurrent chest pain and notify MD.
<input type="checkbox"/> Echocardiogram 2D without color/doppler	Routine, 1 time imaging, Starting today Provider Name: _____ To be read by on-call cardiologist of provider specified.
<input type="checkbox"/> Provider communication order	Routine, Until discontinued, Starting today Provider Name: _____ Call ordering provider or provider specified with results.

VTE Prophylaxis

Highline VTE Prophylaxis Mechanical

<input checked="" type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Apply SCD's: _____ Required Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis. Please see SCIP guidelines.
<input type="checkbox"/> Reason for No VTE Prophylaxis (Mech)	Reason for no VTE prophylaxis (mechanical): _____ Required Note to provider: Reason required to be in compliance with CMS SCIP guidelines

SAH, SCH, SFH, SJMC & Harrison VTE Prophylaxis (Mechanical)

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required Place sequential compression device (SCD) to both legs.
<input type="checkbox"/> Place TED hose	Routine, Until discontinued, Starting today Length: _____ Required Apply Antiembolic (AE) stockings knee length
<input type="checkbox"/> Do not apply SCD	Reason for no VTE prophylaxis or only Graduated Compression Stockings at admission? _____ Required

Provider Initial: _____

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PATIENT INFORMATION

VTE Prophylaxis (Pharmacological) (Single Response)

IF PATIENT HAS INDWELLING EPIDURAL CATHETER IN PLACE AND ENOXAPARIN OR HEPARIN IS ORDERED, REFER TO EPIDURAL ORDERS

Contraindications to Pharmacologic DVT/VTE Prophylaxis:

Absolute:

- Acute hemorrhage
- Heparin or LMWH in patients with immune-mediated HIT
- Epidural/indwelling spinal catheter placement or removal
- Severe trauma to head or spinal cord with hemorrhage in the last 4 weeks

Relative:

- History of cerebral hemorrhage
- Craniotomy within 2 weeks
- Intraocular surgery within 2 weeks
- GI or GU hemorrhage within the last 6 months
- Thrombocytopenia (<50K) or coagulopathy (PT >18 seconds)
- Active intracranial lesions/neoplasms
- Neurosurgery
- Uncontrolled hypertension

<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, SubCutaneous, Daily, Routine
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, SubCutaneous, Every 8 hours, Routine
<input type="checkbox"/> Reason for No DVT Prophylaxis	Reason for no DVT prophylaxis: High risk of bleeding

IV Fluids

IV Fluids

<input type="checkbox"/> Saline Lock and Flush Panel	
<input type="checkbox"/> sodium chloride 0.9 % syringe	10 mL, IntraCatheter, Every 8 hours, Routine
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Starting today
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % infusion	100 mL/hr, IntraVENous, Continuous, Routine
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion	100 mL/hr, IntraVENous, Continuous, Routine
<input type="checkbox"/> sodium chloride 0.9% (NS) infusion	100 mL/hr, IntraVENous, Continuous, Routine
<input type="checkbox"/> sodium chloride 0.9 % with KCl 20 mEq/L infusion	IntraVENous, Continuous, Routine
	Dose: _____ Required

Medications

IV Analgesia

Number only those medications desired. RN will select #1 as the 1st medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. If orders are not numbered, the RN will contact the prescriber for clarification.

1 mg hydromorphone = 7 mg morphine. Usual starting dose for hydromorphone is 0.2 - 0.6 mg in opiate naive patients. Patients with prior opiate exposure may tolerate higher initial doses.

<input type="checkbox"/> morphine 2 mg/mL injection	IntraVENous, Every 1 hour PRN, pain Pain Option: _____ Required Routine
<input type="checkbox"/> HYDROMORPHONE (DILAUDID) injection 1 mg/mL	IntraVENous, Every 1 hour PRN, severe pain Pain Option: _____ Required Routine
<input type="checkbox"/> Pharmacy to dose PCA	Routine, Once, Starting today For 1 Occurrences For what medication? _____ Required

Provider Initial: _____

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PATIENT INFORMATION

Pain-Mild

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	325-650 mg, Oral, Every 4 hours PRN, mild pain, temperature, For discomfort or temperature greater than 38.5 *C, Routine
---	--

Pain-Moderate

<input type="checkbox"/> HYDROcodone-acetaminophen (VICODIN) tablet 5-325 mg	1-2 tablet, Oral, Every 3 hours PRN, moderate pain, Routine
<input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg	1-2 tablet, Oral, Every 3 hours PRN, moderate pain, Routine
<input type="checkbox"/> HYDROmorphine (DILAUDID) tablet	2-4 mg, Oral, Every 3 hours PRN, moderate pain, Routine

Sedatives

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, Oral, Nightly PRN, sleep, Routine
---	---

Bowel Management

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, Oral, 2 times daily PRN, constipation, hold for diarrhea, Routine
<input type="checkbox"/> senna (SENOKOT) tablet 8.6 mg	1 tablet, Oral, 2 times daily PRN, constipation, hold for diarrhea, Routine

Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, IntraVENous, Every 4 hours PRN, nausea, vomiting If ineffective discontinue and notify MD for Promethazine or other order. (Maximum dose is 24 mg per 24 hours) Routine
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg/mL injection	12.5-25 mg, IntraVENous, Every 4 hours PRN, nausea / vomiting Use 6.25mg-12.5mg IV for patients age 65 and over. Give if ondansetron ineffective. Routine
<input type="checkbox"/> Lorazepam IV /PO	"Or" Linked Panel
<input type="checkbox"/> LORazepam (ATIVAN) injection	0.5-1 mg, IntraVENous, Every 6 hours PRN, anxiety, nausea, vomiting, Routine
<input type="checkbox"/> LORazepam (ATIVAN) tablet	0.5-1 mg, Oral, Every 6 hours PRN, anxiety, nausea, vomiting, Routine

Provider Initial: _____

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PATIENT INFORMATION

Nicotine Replacement Therapy

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

Smoking History	Recommended Starting Dose
Step down therapy after initial nicotine Replacement for 6-7 weeks	Nicotine patch, 7mg
10 Cigarettes per Day or less, past history Of cardiovascular disease, or weight under 45 kg	Nicotine patch, 14 mg
Heavy smokers (More than 10 cigarettes/day)	Nicotine patch, 21 mg
Smokeless tobacco users, pipe Smokers or at patient request	Nicotine Gum, 2mg

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

<input type="checkbox"/> No Smoking while on nicotine replacement therapy	Routine, Until discontinued, Starting today
<input type="checkbox"/> nicotine (NICODERM CQ) patch 7 mg	1 patch, TransDermal, for 24 Hours, Daily Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum. Routine
<input type="checkbox"/> nicotine (NICODERM CQ) patch 14 mg/24 hr	1 patch, TransDermal, for 24 Hours, Daily Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum. Routine
<input type="checkbox"/> nicotine (NICODERM CQ) patch 21 mg/24 hr	1 patch, TransDermal, for 24 Hours, Daily Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum. Routine
<input type="checkbox"/> nicotine polacrilex (NICORETTE) gum 2 mg	2 mg, Buccal, As needed, smoking cessation Maximum = 24 pieces/24 hours Routine

Provider Initial: _____

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PHYSICIAN ORDERS

PATIENT INFORMATION

PRN Medications

<input type="checkbox"/> nitroglycerin (NITROSTAT) sublingual 0.4 mg	0.4 mg, SubLINGual, Every 5 min PRN, chest pain May repeat every 5 minutes times 3 providing SBP greater than 90mmHg and notify physician. Routine
--	--

VTE Risk Very Low Level (Score 0-1)

VTE Prophylaxis LOW Bleeding Risk - Risk Score 0-1 (Very Low)

<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting today, Early ambulation - No mechanical or pharmacological VTE prophylaxis required. VTE Risk Level Very Low to Low.
--	--

VTE Prophylaxis HIGH Bleeding Risk - Risk Score 0-1 (Very Low)
HIGH Bleeding Risk (1 high or 3 low risk factors)

<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting today, Early ambulation - No mechanical or pharmacological VTE prophylaxis required. VTE Risk Level Very Low to Low.
--	--

VTE Risk Low Level (Score 2)

VTE Prophylaxis LOW Bleeding Risk - Risk Score 2 (Low)
Choose 1 of the 2 medications or choose the SCD's.

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required May use SCD's in place of medications.
<input type="checkbox"/> enoxaparin (LOVENOX) injection 40 mg	40 mg, SubCutaneous, Daily, Routine
<input type="checkbox"/> heparin (porcine) injection 5,000 units/mL	5,000 Units, SubCutaneous, 3 times daily, Routine
<input type="checkbox"/> Pharmacy to dose	Routine, Once, Starting today

VTE Prophylaxis HIGH Bleeding Risk - Risk Score 2-4 (Low to Moderate)
HIGH Bleeding Risk (1 high or 3 low risk factors)

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required
--	---

Labs

If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

<input type="checkbox"/> CBC, no diff (hemogram)	Every 72 hours, Starting today If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.
--	--

Provider Initial: _____

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CATHOLIC HEALTH INITIATIVES

Franciscan Health System

St. Joseph Medical Center
St. Francis Hospital · St. Clare Hospital
St. Elizabeth Hospital · St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

PHYSICIAN ORDERS

PATIENT INFORMATION

VTE Risk Moderate (Score 3-4)

VTE Prophylaxis LOW Bleeding Risk - Risk Score 3-4 (Moderate)

Choose 1 of the 2 medications and may add the SCD's.

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required May use SCD's in addition to the medication
<input type="checkbox"/> enoxaparin (LOVENOX) injection 40 mg	40 mg, SubCutaneous, Daily, Routine
<input type="checkbox"/> heparin (porcine) injection 5,000 units/mL	5,000 Units, SubCutaneous, 3 times daily, Routine
<input type="checkbox"/> Pharmacy to dose	Routine, Once, Starting today

VTE Prophylaxis HIGH Bleeding Risk - Risk Score 2-4 (Low to Moderate)

HIGH Bleeding Risk (1 high or 3 low risk factors)

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required
--	---

Labs

If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

<input type="checkbox"/> CBC, no diff (hemogram)	Every 72 hours, Starting today If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.
--	---

VTE Risk High (Score 5)

VTE Prophylaxis LOW Bleeding Risk - Risk Score 5 (High)

Choose 1 of the 2 medications and add the SCD's.

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required
<input type="checkbox"/> enoxaparin (LOVENOX) injection 40 mg	40 mg, SubCutaneous, Daily, Routine
<input type="checkbox"/> heparin (porcine) injection 5,000 units/mL	5,000 Units, SubCutaneous, 3 times daily, Routine
<input type="checkbox"/> Pharmacy to dose	Routine, Once, Starting today

VTE Prophylaxis HIGH Bleeding Risk - Risk Score 5 (High)

HIGH Bleeding Risk (1 high or 3 low risk factors). Choose both orders.

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required
<input type="checkbox"/> aspirin chewable tablet 81 mg	81 mg, Oral, Daily, Routine

Provider Initial: _____

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Regional Hospital

PHYSICIAN ORDERS

PATIENT INFORMATION

Labs

If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

<input type="checkbox"/> CBC, no diff (hemogram)	Every 72 hours, Starting today If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.
--	--

VTE Contraindications

VTE Contraindications

<input type="checkbox"/> Reason for no mechanical VTE prophylaxis	Contraindications: Unable to wear due to size or injury
<input type="checkbox"/> Reason for no pharmacologic VTE prophylaxis (Absolute / Relative contraindications)	Contraindications: _____ Required Fully anticoagulated NOTE: Effective anticoagulation regimen(s) include warfarin adjusted to minimum INR 2-3, rivaroxaban (Xarelto), dabigatran (Pradaxa), heparin/argatroban/bivalirudin infusions, enoxaprin 1.5 mg/kg daily / 1 mg/kg every 12 hours / 1 mg/kg every 24 hours for CrCl less than 30 ml/minute.

VTE in Patients with Contraindications

High Risk of Bleeding AND Contraindications to SCD's

<input type="checkbox"/> aspirin chewable tablet 81 mg	81 mg, Oral, Daily, Routine
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Low Risk of Bleeding AND Contraindications to SCD's

<input type="checkbox"/> enoxaparin (LOVENOX) injection 40 mg	40 mg, SubCutaneous, Daily, Routine
<input type="checkbox"/> heparin (porcine) injection 5,000 units/mL	5,000 Units, SubCutaneous, Every 8 hours interval, Routine
<input type="checkbox"/> Pharmacy to dose	Routine, Once, Starting today

Contraindication to Pharmacologic Prophylaxis

<input type="checkbox"/> Place sequential compression device	Routine, Until discontinued, Starting today Stocking Type: _____ Required Apply SCD's: _____ Required
--	---

Date: _____ Time: _____ Printed Name of Ordering Provider: _____

Provider Signature: _____

Date: _____ Time: _____ RN Acknowledged: _____

Provider Initial: _____

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PATIENT INFORMATION