

Admitting Physician:		G.	NDING A ASTROIN Da	ITESTI	NAL B							
	[] Med/Surg											
Place in Observation Services:	[] Med/Surg	, []	Telemetry	011	ther							
Diagnosis:	[] Upper GI	Bleed []	Lower GI Blee	0 [] b	ther:		· · · · · · · · · · · · · · · · · · ·					
Condition:			ded []Cri					[] Poor			-	
Consult:	[] GI Medici											
	[] General S	urgery:										
Allergies:	[] Other:											
	l J											
	[] Full []	DNR										
	Every 2 hr for 24 hrs, then per unit protocol											
I .	[] Per unit pi											
	[] Every shift											
	Bed rest				ode	[] Ambul	ate ad lib	[]	Bathroom	privileges	····	
laa .	[] Nasal Gast		low intermitter	nt suction								
_	[] Intake & Output [] Sequential Compression Device (SCD) [] Foley to drainage [] Glucose checks AC and qHS or every hrs											
1												
	[] Other:	ico Ac and	i qris or every		utz							
	Regular	[]	VPO I	1.2 am lou	v sodium							
] & Bill low	v souluiii							
	[] Clear liquid [] Full liquid [] Cardiac											
	Other:	1 1 00.00.	nyurate contro	Jiica								
] Intravenou	S:				@			ma 1 / la u			
Fluids:] Saline lock								_ml/hr			
] Other:											
Labs: [tocol orders] Insulin Infu] BMP] UA] Gualac stoo	sion Protoco [] CMP [] CBC										
]]]]]] PT/INR] PTT] H&H every] CBC with p] Type and C] Other Labs:	latelets every	/ [] 12 hrs	[]24 PRBC	hrs							
Studies: [] CXR: [] I] EKG] Upright Abo] Other:		[] PA/Latera	I								
URSE NOTED		DATE	TIME		TE / TIM		111/01014					
4 HR. CHART CHECK BY NURSE		DATE	TIME		(IE/IIIV	E P	HYSICIA	N SIGNATU	JRE OR A	AUTHENTI	CATION	
						Account N	lumber:		MR N	umber:	200	
	Patie				Patient Name: Admit Date:							
TheMedic	al Cente	r	DOB	Age	Sex	HT HT	e: WT	RM-BD	PT	SVC	FC	
OF SOUTHEAST TEXAS 2555 Jimmy Johnson Blvd Port Arthur - Texas 77640		77640	Allergies:									
(409) 724-7389			Attending P	hysician N	ame:							



Medications: (Check the appropriate box)												
[] Pantoprazole (Protonix) 80 mg IV over 15 r	ninutes. then											
[] 8 mg/hr IV infusion for 72 hrs												
[] 80 mg IV every 12 hrs												
[] Famotidine (Pepcid) 20mg IV twice daily												
[] Octreotide (Somatostatin) 50 micrograms IV bolus, followed by 50 micrograms / hr IV infusion												
[] Transfuseunits PRBC. Givemg IV Lasix between transfusions (units).												
[] Transfuse units FFP												
[] Bowel Prep: Golytely purge [] 4 liters [] 6 liters [] 9 liters over [] 4 hrs [] 6 hrs or Other:												
[] Nicotine mg topical patch apply daily												
[] Percocet 5/325 mg PO every 4 hrs PRN for moderate pain												
[] Morphine Sulfate 2 mg IV every 4 hrs PRN severe pain (unless patient is allergice to codeine or morphine)												
[] Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.												
[] Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting												
Standard Medications: (all orders below will be implemented unless crossed out)												
Acetaminophen (Tylenol) 650 mg PO every 4 h	r DDN mild n	ala ar tanı		.h 101	F (
Docusate sodium (Colace) 100 mg PO 4HS	r Kit iiiiu pa	ani oi teni	ip greater t	nan 101	r (not to ex	ceea 4 gr	ams per 24	hrs)				
MOM 30 ml PO PRN constipation												
Maalox 30 ml PO PRN heartburn												
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Additional Meds:												
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		DOB	Age	Sex	НТ	WT	RM-BD	PT	SVC	FC		
The Medical Center								•		. •		
OF SOUTHEAST TEXAS	ΔΙΙΔ	ergies:	L			L	L					
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