




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  DT0017	PATIENT LABEL
PHYSICIAN'S ORDER FORM		

DATE & TIME	#	ORDERS CYSTIC FIBROSIS ADULT ADMISSION
		Reference: Chest 2004; 125: 1S-39S; NEJM 2006: 354: 229-240
		Allergies: _____ Patient Weight: _____ kg
	1.	Admit to: _____ Private room for medical necessity.
	2.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	3.	Diagnosis: Cystic fibrosis with pulmonary exacerbation
	4.	Activity: Encourage ambulation as tolerated. Use mask if patient to ambulate outside of assigned hospital room.
	5.	Diet: High Calorie, high protein meals plus 2 high calorie snacks, avoid concentrated sugars.
	6.	Vital signs: every 8 hours
	7.	Nursing: <ul style="list-style-type: none"> • Baseline height, weight and BMI on Admission date, then weight every other day.
	8.	Respiratory Therapy: <ul style="list-style-type: none"> • Dornase alpha 2.5 mg vial, twice daily via nebulizer • Hypertonic Saline 7%, 4 mL via nebulizer BID, pretreatment with albuterol required • Titrate O₂ to keep SpO₂ > 92% • Airway clearance every 4 hours while awake: <ul style="list-style-type: none"> <input type="checkbox"/> Vest™ Therapy <input type="checkbox"/> Postural, Drainage and Clapping <input type="checkbox"/> Postural, Drainage and Percussion <input type="checkbox"/> Acapella™ valve <input type="checkbox"/> Albuterol 0.5 mL with 2 mL of normal saline via nebulizer every 4 hours while awake <input type="checkbox"/> Levalbuterol 1.25 mg via nebulizer every 4 hours while awake
	9.	Spirometry in pulmonary function lab every four days, to start the 2 nd hospital day
	10.	Laboratory: (if not already obtained) x1 <ul style="list-style-type: none"> <input type="checkbox"/> CBC w/differential <input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> Sputum culture, bacterial and susceptibility <input type="checkbox"/> Sputum culture, fungal <input type="checkbox"/> Sputum culture, AFB Do induced sputum culture if necessary to produce sputum. Please label as: "CF Patient Sputum" <ul style="list-style-type: none"> <input type="checkbox"/> Urine culture and sensitivity <input type="checkbox"/> Blood culture and sensitivity from peripheral sites x 2 <input type="checkbox"/> Blood culture and sensitivity from port(s) if applicable
	11.	Radiology: (if not already obtained) <ul style="list-style-type: none"> <input type="checkbox"/> Chest X-ray - PA and lateral views: evaluate dyspnea x1

