



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

DATE & TIME	#	ORDERS GI/PULMONARY PROCEDURE ROUTINE ORDERS
		Unless otherwise contraindicated, the following orders may be initiated per protocol for all patients undergoing procedures
	1.	<b>Diet:</b> NPO
	2.	Fingerstick blood sugar on all patients with diabetes mellitus and/or S/Sx of hypoglycemia.
	3.	<b>IV Fluid:</b> <input type="checkbox"/> 0.9% sodium chloride <input type="checkbox"/> 0.45% sodium chloride <input type="checkbox"/> 0.225% sodium chloride <input type="checkbox"/> Lactated Ringers <input type="checkbox"/> Other: <input type="checkbox"/> Rate: _____ mL/Hr
	4.	<b>Medications: Pre Procedure</b> <input type="checkbox"/> Tetracaine 0.25% - epinephrine 0.003% _____ mL via atomizer <input type="checkbox"/> 15 mL tetracaine 2% in chlorobutanol/15 mL Cepacol/2 gtts Simethicone gargle <input type="checkbox"/> Other medications:
		<b>Initial Sedation:</b> <b>ASA I (Low Risk Patient)</b> <input type="checkbox"/> Midazolam 2 mg IV. May give additional 1 mg IV to reach level of sedation = 2. <input type="checkbox"/> Fentanyl 50 mcg IV. May give additional 25 mcg IV to reach level of sedation = 2. <input type="checkbox"/> Other medications: <b>ASA II (High Risk Patient)</b> <input type="checkbox"/> Midazolam 1 mg IV. May repeat x 1 to reach level of sedation = 2. <input type="checkbox"/> Fentanyl 25 mcg IV. May repeat x 1 to reach level of sedation = 2. <input type="checkbox"/> Other medications:
	5.	<b>Monitor:</b> Per Moderate Sedation Policy.
	6.	<b>Oxygen Therapy:</b> Titrate to maintain oxygen saturation > 92% or pre-procedure level. Via: <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Hudson™ Catheter <input type="checkbox"/> Venturi™ mask <input type="checkbox"/> GIN™ mask
	7.	<b>Medications: Intra-Procedure Total Medications Given</b> <input type="checkbox"/> Lorazepam IV _____ mg. <input type="checkbox"/> Solumedrol IV _____ mg. <input type="checkbox"/> Midazolam IV _____ mg. <input type="checkbox"/> Albuterol Neb ____ 2.5 mg in 3 mL NS ____ <input type="checkbox"/> Morphine IV _____ mg. <input type="checkbox"/> Other medications: <input type="checkbox"/> Fentanyl IV _____ mcg. <input type="checkbox"/> Benadryl IV _____ mg. <input type="checkbox"/> Naloxone IV _____ mg. (Document reason for use: _____) <input type="checkbox"/> Flumazenil IV _____ mg. (Document reason for use: _____) <input type="checkbox"/> Atropine IV _____ mg. (Document reason for use: _____)
	8.	<b>Lab Specimens:</b> Biopsy _____ Polypectomy _____ Other _____.
	9.	<b>Radiology:</b> <input type="checkbox"/> STAT Portable CXR <input type="checkbox"/> STAT Posterior-Anterior/Lateral <input type="checkbox"/> STAT KUB
	10.	<b>Discharge:</b> Per Moderate Sedation Policy.

Physician Signature: \_\_\_\_\_ Pager: \_\_\_\_\_