



Patient Identification Information

- SISTERS OF CHARITY HOSPITAL • Buffalo, NY SISTERS OF CHARITY HOSPITAL • ST JOSEPH Campus • Cheektowaga, NY
- KENMORE MERCY HOSPITAL • Kenmore, NY MERCY HOSPITAL • Buffalo, NY MERCY HOSPITAL • Orchard Park, NY division

GASTROINTESTINAL BLEED ADMISSION ORDERS

(Upper, Lower, Both, Undetermined)

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Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:

Time:

Prescriber Orders

5. IV INFUSION:

- Saline lock
- Dextrose 5% with 0.45% NaCl at _____ mL/hr
- Dextrose 5% with 0.9% NaCl at _____ mL/hr
- Sodium Chloride 0.45% at _____ mL/hr
- Sodium Chloride 0.9% at _____ mL/hr
- Other: _____ at _____ mL/hr

6. MEDICATIONS:

GI Bleed:

- Vitamin K _____ mg Oral Subcutaneous IV in 50 mL normal saline to run over 1 hour
- Pantoprazole (Protonix) 80 mg IV bolus followed by continuous infusion at 8 mg/hour
- Octreotide (Sandostatin) 50 mcg IV bolus followed by 50 mcg/hr infusion

If the patient is at risk for alcoholic withdrawal syndrome please consider management/treatment for DT's (Delirium Tremens)

Nausea:

- Metoclopramide (Reglan) 10 mg IV every 6 hours prn for nausea
- Ondansetron (Zofran) 4 mg IV every 6 hours prn for nausea
- Hold all warfarin (Coumadin), aspirin, clopidogrel (Plavix), heparin, enoxaparin (Lovenox), dalteparin (Fragmin), other injectable anticoagulants and NSAIDS (such as ibuprofen (Motrin), naproxen (Naprosyn), celecoxib (Celebrex, etc) unless approved by physician**

Other Medications:

7. LAB STUDIES: If not done in the ED

- Hemoglobin and Hematocrit every _____ hours X _____ hours Repeat Hemoglobin at _____
- Hgb/Hct post transfusion
- Call if Hemoglobin below:** _____
- PTT / PT / INR BMP CMP UA – Routine EKG

DIAGNOSTIC TESTS:

- Bleeding Scan Angiography Other: _____

Prescriber Signature: _____