

			Gas	trointesti	nal Blee	ed					
Attending Physician: Admit to Inpatient: Place in Observation Serv Diagnosis: Condition:	□ Oppe □ Stab □ GI M □ Gene	er Gi bleed L	Guarded	eed UCritica	ner:	□Good	Fair	□F	Poor	-	
Allergies:								***************************************			
Code Status:	Full	DNF									
Vital Signs:	☐ Every 2 hr fo☐ Per unit proto☐ Every shift☐ Other:	ocolever	yhours								
Activity:	☐Bed rest		n chair	□Bedside				d lib 🗀 🗀		rivileges on	ıly
Nursing:	Nasal Gastric Intake & Outp Sequential Co Foley to drain Glucose chec	out ompression D nage :ks AC and at	evice (SCD) bedtime or ev	veryI							
Diet:	Regular Diabetic: Other:	□NPO kCal	ADA	☐2 gm lov ☐Carbohy	/ sodium drate Co	ntrolled 🔲	☐Clear liq Cardiac	uid Lov	Full liquid w far, low c	cholesterol	
Fluids:	☐ Intravenous: ☐ Saline lock ☐ Other:				***************************************	_@			_ml/hr		
Protocols (if available): All		nust be place	ed in chart								
Labs:	BMP H & H every CBC with plat CBC with dif CBC without Type and Cros	elets every O ferential() differential(ss for	12 hrs O24 h Now () In A 	M()Othe In AM()	Other			□PT/INR		□РП	
Studies:	CXray: EKG Uprights Abdo			OPA/Latera							
NOTED CHART CHECK BY NURSE		DATE	TIME	DA	TE / TIMI	E P	HYSICIAI	N SIGNAT	URE OR A	AUTHENTI	CAT
						Account N	lumber:		MR Nu	umber:	- \ . \
						Patient Na				***************************************	
Mountain V	1301 S. Mesa, A	Crismon Rd. Z 85209	DOB Allergies:	Age	Sex	НТ	WT	RM-BD	PT	SVC	F
MEDICAL CE	NTER		Attending Physician Name:								



Medications: (Check the appropriate box	}										
Pantoprazole (Protonix) 80 mg IV ov		ites, then									
8 mg/hr IV infusion for 72 hrs											
☐80 mg IV every 12 hrs											
Octreotide (Sandostatin) 50 microgr											
Transfuseunits PRBC. Give	mg	IV Furosem	iide (Lasix)	betwee	n transfusio	ons					
Transfuse units FFP	0.174		¢ 00 !	٦٥،							
Bowl Prep: Golytely purge 6 6		r4 nrs	6 Nrs OR (
☐ Nicotine 21 mg topical patch apply o	лану										
Protocols: All protocol orders must be pl	aced in ch	art ·									
☐ Insulin subcutaneous Sliding Scale			otocol []	Moderat	e Protocols	[] Aggr	essive Prof	ocols			
•			•								
Standard Medications: (all orders below t											
✓ Acetaminophen (Tylenol) 650 mg PC		r PRN mild p	ain or tem	p more t	han 101F						
✓ Docusate sodium (Colace) 100 mg P	PO qHS										
✓ MOM 30 ml PO PRN constipation- M											
✓ Maalox 30 ml PO PRN heartburn – N	•	~		,							
✓ Percocet 5/325 mg PO every 4 hrs P		•	Oxycodone	and Ac	etaminophe	n					
✓ Morphine Sulfate 2 mg IV every 4 hr	PRN sever	re pain									
✓ Temazepam (Restoril) 15 mg PO qH	S PRN slee	ep. May repe	at dose or	ice in or	e hour if no	results.					
✓ Prochlorperazine (Compazine) 5 mg	IV every 6	hours PRN r	nausea/vor	niting							
										nach and section in the section in t	
											
RSE NOTED D/	ATE	TIME			····						
101 TO 125	A15	111112	DATE / TIME PHYSICIAN SIGNATUR						AUTHENTI	CATIO	
IR. CHART CHECK BY NURSE D	ATE	TIME									
	***************************************				Account N	lumber:	***************************************	MR Nu	umber:		
					Patient Na			J			
		r	т .		Admit Date	·	T 51. == '		T 61.1=	T ==	
		DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
1301 S. C	Crismon Rd.										
Mountain Vista Mesa, AZ		Allergies:				-					
MEDICAL CENTER		Attending Physician Name:									
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