

Greenfield Medical Center
Patient Demographics/Active Orders

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| Patient Name: Yoder, Sherman | | Admit Date: <i>Two Days Ago</i> | | Admitting Provider Name: Frank Baker, MD | | Current Location: Medical Surgical Unit | | Code Status: FULL | | | | | |
| DOB: 06/26/19XX | | Age: 80 Years | | Gender: Male | | Ht: 182.88 cm | | Wt: 84 kg | | Religion: Protestant | | MRN: 64646428 | |
| Dx: Right Great Toe Ulcer, Small Bowel Obstruction S/P small bowel resection | | | | | | | | | | Allergies: NKDA | | | |
| Support/Contact person(s): Jon Yoder (son), 717-947-6178 – POA | | | | | | | | | | | | | |

Patient Active Orders

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| POCT Orders: Bedside glucose checks q 6 hours. Call MD with BGL > 200 mg / dL |
| Oxygen Therapy: Oxygen 2 L / min via nasal cannula PRN to maintain SpO ₂ > 92% |
| Dietary Orders: NPO |
| Adaptive Devices: None |
| Nursing Information: SCDs while in bed |
| Nursing Assessments: Vital signs every 4 hours POD 1, then q 8 hours Strict Intake and Output monitoring |
| Nursing Activities and Treatments: Incentive spirometer every hour while awake Maintain nasogastric tube to low intermittent wall suction SCDs while in bed OOB to chair with assistance TID |
| Lab Orders None |
| Respiratory Orders: None |
| Cardiology Orders None |
| Procedures/Wound Care: JP Drain to bulb suction Surgical wound care: dry sterile dressing change QD & PRN |
| VTE Risk (on admit): High risk |
| Discharge Plan: Home |
| Other Orders: None |

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Provider Orders

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| Name: Yoder, Sherman DOB: 06/26/19XX Age: 80 years MRN: 64646428 | Wt (kg): 84 Code Status: FULL Attending: Frank Baker, MD | Diagnosis: Diabetic ulcer right great toe/Diabetes Type II Small Bowel Obstruction S/P Small Bowel Resection |
| <input type="checkbox"/> Allergies & Sensitivities: <input checked="" type="checkbox"/> NKDA | | |
| Date | PROVIDER ORDERS | |
| <i>Admit Day</i> | <ul style="list-style-type: none"> Admit to telemetry unit Activity: as tolerated Daily dressing changes to right great toe: Cleanse surgical wound with normal saline Wet-to-damp saline-soaked gauze Notify MD if temp > 100 F Vital signs q shift Nasogastric tube to low intermittent suction NPO Start IVF – D5 NS with 20 KCL @ 125 mL / hr Bedside Glucose Checks q 6 hours. Call MD with BGL's > 200 mg / dL Sliding scale insulin with moderate protocol, Q6 hours Start IV heparin per cardiology protocol, no initial bolus @ 12 units / kg / hr. Consult cardiology for cardiac management Consult surgical services for obstruction management Stop heparin 05:00 morning of surgery Full code (Son is POA) | |
| <i>OP Day</i> | <p><u>Pre-Op Orders</u></p> <ul style="list-style-type: none"> Start 2nd peripheral IV [peripheral IV started day of admit, 18 g, LFA] Hold sliding scale insulin, glargine, and metformin <p><u>Post-Op Orders</u></p> <ul style="list-style-type: none"> Vital signs every 4 hours POD 1, then q 8 hours Bedside Glucose Checks q 6 hours. Call MD with BGL > 200 mg / dL Sliding scale insulin with moderate protocol, Q6 hours Diagnostics morning of POD 1: CBC, BMP, PTT, PT/INR Maintain nasogastric tube to low intermittent suction Oxygen 2 L / min via nasal cannula PRN to maintain SpO₂ > 92% Incentive spirometer every hour while awake SCDs while in bed Activity: OOB to chair with assistance Surgical wound care: dry sterile dressing change QD & PRN Jackson-Pratt drain to bulb suction Strict I & O monitoring Cardiac meds per cardiology <p><u>Post-Op Medications</u></p> <ul style="list-style-type: none"> piperacillin sodium IV 3.375 g Q6 hours HYDROMORPHONE HCL IV 1 mg PRN, q 2 hours severe pain ondansetron IV 4 mg PRN, q 6 hours nausea/vomiting IVF – D5 NS with 20 KCL @ 125 mL / hr | |

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| POD 1 | <ul style="list-style-type: none">• Activity: OOB to chair with assistance TID <p><u>Resume Home Medications (when tolerating full diet):</u></p> <ul style="list-style-type: none">• dilTIAZem 240 mg, PO, QD• insulin glargine 10 units, SQ, QHS.• lisinopril 5 mg, PO, QD• metFORMIN 500 mg, PO, BID.• simvastatin 20 mg, PO, QD• warfarin 2.5 mg, PO, QD. |
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