

## Standing Order for UGIB

PROGRESS NOTE	DATE HOUR	ORDER FOR 1 DAY	DATE HOUR	ORDER FOR CONTINUATION
<u>ER</u> <u>Hypovolemic shock</u> <input type="checkbox"/> Class I (HR <100) <input type="checkbox"/> Class II (HR ≥100 ) <input type="checkbox"/> Class III (HR ≥120,BP< 90/60) <input type="checkbox"/> Class IV (HR ≥140,BP< 90/60) Sign.....		<input type="checkbox"/> Admit..... <input type="checkbox"/> O2 Supplement ..... <input type="checkbox"/> CBC <input type="checkbox"/> BUN, Cr, Electrolyte <input type="checkbox"/> LFT <input type="checkbox"/> PT,PTT,INR <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> X-match for PRC.....unit FFP.....unit Plt conc.....unit <input type="checkbox"/> ARI / NSS ..... CC IV drip.....CC/hr <b>*Shock Class I, II</b> (Load ARI/NSS 20cc/Kg) <input type="checkbox"/> load ARI / NSS ..... CC IV in 15 min then IV drip..... CC/hr ..... <b>*Shock Class III,IV</b> (Load ARI/NSS 20cc/Kg) <input type="checkbox"/> Load ARI / NSS ..... CC IV in 15 min then IV drip..... CC/hr <input type="checkbox"/> PRC.....Unit IV drip in.....min <input type="checkbox"/> FFP.....Unit IV drip in.....min <input type="checkbox"/> Gelofuscin 500 ml IV drip.....CC/hr <input type="checkbox"/> Retain Foley catheter <input type="checkbox"/> Central venus assessment <input type="checkbox"/> Hct stat.....vol% Then q.....hrs, keep ≥.....vol% <input type="checkbox"/> DTX stat.....mg% Then q.....hrs, keep 80-200 mg% <input type="checkbox"/> NG tube irrigate.....mlResult..... Sign.....		<input type="checkbox"/> NPO <input type="checkbox"/> Record V/S, I/O <b>Medication</b> <input type="checkbox"/> Ceftriaxone 2gm+ 5%D/W 100 ml iv OD. <i>( For Prophylaxis Spontaneous Bacterial Peritonitis / Liver cirrhosis )</i> <input type="checkbox"/> Omeprazole 80 mg iv push stat then 40 mg iv q 12hrs <i>( For Non Variceal bleeding without active bleeding )</i> <input type="checkbox"/> Controloc 80 mg iv push stat then 40 mg + 5%D/W 100 ml continuous iv drip in 5 hrs( <i>For Non Variceal bleeding with active bleeding )</i> <input type="checkbox"/> Sandostatin 50 mcg (1/2 amp) iv push stat then 200 mcg (2 amp) + NSS 100 ml continuous iv drip in 5 hrs. (autostop in day5) <i>( For Variceal bleeding ,cirrhosis child B/C with active bleeding )</i> <input type="checkbox"/> VitK <sub>1</sub> 30 mg iv stat then 10 mg iv OD. X 3 วัน <input type="checkbox"/> Others ..... ..... Sign.....
<u>WARD</u> <u>UGIH severity score</u> <b>1:Age (year):</b> ≥60 [1], <60 [0] <b>2:Pulse (/min):</b> ≥100 [1], <100 [0] <b>3:SBP (mmHg):</b> <100[10.5]≥100 [0] <b>4:Hb (g/dl):</b> <10 [6], ≥10 [0] <b>5:BUN (mg/dl):</b> ≥35 [2], <35 [0] <b>6:Cirrhosis:</b> YES [2], No [0] <b>7:Hepatic failure :</b> YES [4.5], No [0] <b>Total score</b> .....				<b>Specific Risk</b> <input type="checkbox"/> ฝ้าระงังภาวะ Hypovolemic shock <input type="checkbox"/> ฝ้าระงังภาวะ Hypoxia
Sign.....	Name of Patient	Age	Hospital Number	
	Department	Ward	Attending Physician	