**UMASS MEMORIAL MEDICAL CENTER**

**PHYSICIAN’S ORDERS**

**CHRONIC PANCREATITIS**

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**Height**

Inches _______  Cm. _______

**Weight**

Lbs. _______  Kg. _______

**ALLERGIES:**

- YES (LIST BELOW) OR  LISTED PREVIOUSLY
- NONE KNOWN

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**NAME:**

**ADDRESS:**

**BIRTHDATE/AGE:**

**SEX:**

**MEDICAL RECORD NUMBER:**

PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT’S CARD

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**PROVIDER TO SIGN AND PLACE PAGER NUMBER LEGIBLY UNDER EACH ORDER SET**

**INDICATE CHOICE OF ORDER OPTIONS BY USING X IN CHECK BOXES**

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**DATE**

**TIME**

**MEDICATION ORDERS ONLY**

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**Diagnosis:**

Chronic Pancreatitis Day 1

**Status:**

INPATIENT must meet BOTH of the following:

- Worsening abdominal pain
- Unresponsive to >3 doses analgesia (includes PO) within last 24hrs

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**NURSING:**

- Pulse Ox and vital signs every shift
- Apply O2 NC to keep:
  - Please circle: O2sat > 92% or O2sat 88-92%
- Call provider if patient has temp >38.0°C, BP <90, HR <50 or >100
- Call provider if patient leaves unit except for testing
- Patient to remain on unit while on PCA for safety
- Ambulate with assistance; advance activity per Nursing assessment
- Out of bed Ambulate with assistance in hall 3x day
- Other:
  - Diet:  NPO
  - IV: Normal saline IVF ______ at ______ mL/hr for ______
  - Labs:  CBC, BMP, Mag & Phos (if not done in ED)
  - Amylase/Lipase/Albumin/Prealbumin (if not done in ED)
  - Hepatic Panel  ALC blood alcohol level (if not done in ED)
  - UTOX urine tox screen (if not done in ED)
  - COHB Carboxyhemoglobin to assess for recent smoking
  - Other: For Tracking Purposes
    - Patient of the UMMMC Pancreatitis Clinic
    - Has patient had confirmation of pancreatitis diagnosis by EUS,
    - CT scan or secretion stimulation test?  Yes  No
    - Consults:  Tobacco Cessation (for smokers unwilling to stop)
    - Gastroenterology (recommended for patients without confirmed diagnosis)
    - Social Work
    - Health Psychology consult, Ext 62148
  - Advanced Directive:
    - Full Code
    - DNR (complete Orders for Limitation of Treatment Directives, form ID 810194)
  - Signature of MD/DO/NP/PA: ________________________ Printed Name:_________________________ Pager: __________
  - Signature of RN: ____________________________ Printed Name: __________________________________ Date: ____________ Time: __________

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**Consults:**

- Tobacco Cessation (for smokers unwilling to stop)
- Gastroenterology (recommended for patients without confirmed diagnosis)

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**Consults:**

- Social Work
- Health Psychology consult, Ext 62148

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**Advanced Directive:**

- Full Code
- DNR (complete Orders for Limitation of Treatment Directives, form ID 810194)

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**Prohibited Abbreviations:**  U, qd, qod, IU, .1 (write 0.1), 1.0 (write 1), MS, MSO4, MgSO4

**NS ORDER 0232 Rev 07/22/13**

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**Signature of MD/DO/NP/PA: ________________________ Printed Name:_________________________ Pager: __________
Signature of RN: ____________________________ Printed Name: __________________________________ Date: ____________ Time: __________
UMASS MEMORIAL MEDICAL CENTER
PHYSICIAN’S ORDERS
CHRONIC PANCREATITIS
Page 2 of 4

Height
Inches Cm.
Weight
Lbs. Kg.

ALLERGIES:

☐ YES (LIST BELOW) OR ☐ LISTED PREVIOUSLY

NONE KNOWN

NAME:
ADDRESS:
BIRTHDATE/AGE: SEX:
MEDICAL RECORD NUMBER:

PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT’S CARD

PROVIDER TO SIGN AND PLACE PAGER NUMBER LEGIBLY UNDER EACH ORDER SET
INDICATE CHOICE OF ORDER OPTIONS BY USING ☑ IN CHECK BOXES

Attending/Change Attending To: ___________________________ Pager: ________
(First) (Last)
Resident: ___________________________ Pager: ________ Overnight coverage: ___________________________ Pager: ________
Intern/NP/PA (First Call): ___________________________ Pager: ________ House Staff Coverage: ☐ Yes ☐ No (uncovered)

Diagnosis: Chronic Pancreatitis Day 2

Notes: No routine follow-up CBC, BMP, Mg, Phos, amylase, lipase recommended unless clinically indicated to follow a comorbid condition.

Activity: *All patients should be transitioned to oral pain management unless one of the below conditions exist (please check):
☐ Out of bed to chair for all meals and toileting
☐ Unable to tolerate PO
☐ Other:

Diet: Clear liquids
Note: recommend advancing diet if pain improving

Consults:
☐ Gastroenterology (consider if failing to improve)
☐ PT (recommended if patient is not ambulating at baseline)
☐ Other:

REMINDER: Please plan for discharge now by obtaining PCP and Pancreatitis Clinic follow-up appointments.

See Medication Reconciliation Order Form for preadmission medications.

New or Changed Medications:

Pain Control Regimen:
☐ D/C PCA and resume home pain regimen (MD must order individual medications)

NO ORDER 0232  Rev 07/22/13

Prohibited Abbreviations: U, qd, qod, IU, .1 (write 0.1), 1.0 (write 1), MS, MSO4, MgSO4

Signature of MD/DO/NP/PA: ___________________________ Printed Name: ___________________________ Pager: ________

Signature of RN: ___________________________ Printed Name: ___________________________ Date: ________ Time: ________

NS ORDER 0232 Rev 07/22/13
CHRONIC PANCREATITIS

Discharge today as all the following stability criteria are met:
- Tolerating diet (able to tolerate > 300 mL of fluids)
- Pain controlled and converted to PO
- Ambulating

Continue Inpatient Admission as above criteria not met

Diagnosis: Chronic Pancreatitis Day 3

Activity:
Note: encourage ambulation

Pain Control Regimen:
☒ D/C PCA and resume home pain regimen (MD must order individual medications)

Labs:
☒ COHB Carboxyhemaglobin (consider for smokers who are failing to improve)

Consults:
☐ Nutrition (recommended for patients < 300mL oral intake of fluids)
☐ PT (recommended if patient is not ambulating at baseline)

Medication Orders Only:

See Medication Reconciliation Order Form for preadmission medications.

New or Changed Medications:

*All patients should be transitioned to oral pain management unless one of the below conditions exist (please check):

- Unable to tolerate PO

Note: If patient reports pain not controlled, contact Health Psychology.
**Diagnosis:** Chronic Pancreatitis Day 4

**Activity:**

*Note: encourage ambulation*

- Out of bed to chair for all meals and toileting
- Other:

**Diet:**

- Low fat
- Clear liquids
- Other:

**Labs:**

- COHB Carboxyhemaglobin (consider for smokers who are failing to improve)

**Consults:**

- Nutrition (recommended for patients < 300mL oral intake of fluids)
- PT (recommended if patient is not ambulating at baseline)