

GI BLEED RISK STRATIFICATION TOOL

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)		
Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)		
IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.		
DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART		
ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)		
<input type="checkbox"/> > 2 episodes of bright red bleeding o hemorrhoids		
<input type="checkbox"/> hemodynamic instability		
<input type="checkbox"/> Active bleeding		
<input type="checkbox"/> concomitant acute severe medical condition (e.g. acute renal failure, sepsis)		
<input type="checkbox"/> EKG Changes		
<input type="checkbox"/> Melena		
<input type="checkbox"/> Drop of Hct > 10 in 4 hours		
<input type="checkbox"/> Orthostatic changes (SBP >20; standing pulse > 110) coagulopathy (e.g. warfarin rx, liver failure, hemophilia)		
<input type="checkbox"/> Hx of esophageal bleeding or coagulopathy (e.g. warfarin rx, liver failure, hemophilia)		
<input type="checkbox"/> Age > 70 years old		
<input type="checkbox"/> Inability to transfuse		
PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)		
THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.		
OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)		
<input type="checkbox"/> Abnormal Hct/Hgb values		
<input type="checkbox"/> Previous gi history		
<input type="checkbox"/> History of dark stool (not bright red) in last 48 hours		
<input type="checkbox"/> No more than 2 episodes of bright red blood		
<input type="checkbox"/> Guaiac positive ng drainage		
<input type="checkbox"/> Need for transfusion		
<input type="checkbox"/> GI consulted		
Observation Unit Disposition Decision		
Normal or stabilized serial exams	All criteria present	DISCHARGE
Stable vital signs		
No deterioration clinical condition		
If endoscopy - no active bleeding site		
Continued decrease in Hct/Hgb values	Any criteria present	ADMIT
Increase in bright red bleeding		
Deterioration in clinical condition		
Active bleeding by endoscopy		

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS: μ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO₄, MSO₄, MS, HISS, RISS, AD, AU, AS
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> Cardiac Monitoring: Indication _____	<input type="checkbox"/> IV fluids: _____
DX: GI Bleed	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 2 hours	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Orthostatic vital signs upon arrival in observation unit	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
Diet (Check One): <input type="checkbox"/> NPO <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	Pain Score 1 - 4 and/or Temp > 101F
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Esomeprazole (Nexium) IV 40 mg twice daily
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> For smokers: nicotine (Nicoderm)
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Strict Intake and Output q shift	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
<input type="checkbox"/> Insert Saline lock	every 6 hours PRN nausea/vomiting
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Serial Hct/Hgb every 12 hours	Other Medications:
<input type="checkbox"/> Type and Screen, PT, PTT, INR	
<input type="checkbox"/> O ₂ (circle): _____ liter/min; other _____	
<input type="checkbox"/> Guaiac stools / emesis prn	
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO ₂ < 90%	
<input type="checkbox"/> Consult Dr. _____	
Reason for Consult: _____	

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____