



**PHYSICIAN'S ORDERS
Cystic Fibrosis Admission Orders
(Page 1 of 4)**

Allergy: _____

Date: _____ Time: _____

WEIGHT				
HEIGHT				

Pharmacy Use Only	Date & Time	PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE	Noted By RN / UC
		<p>Admit to ward _____ under Dr. Davidson/Dr. Lillquist/Dr. Stockler</p> <ul style="list-style-type: none"> • Burkholderia cepacia complex: Positive <input type="checkbox"/> Negative <input type="checkbox"/> • Routine multi-day trending of vital signs • Admission height and weight, then daily morning weight • High calorie/high protein diet – Consult cystic fibrosis dietitian • Consult cystic fibrosis social worker • Consult cystic fibrosis physiotherapist – physiotherapy _____ times daily • Pulmonary function tests on Tuesdays – hold salbutamol dose Tuesday mornings • Admission urinalysis • Stool for fecal fat smear <input type="checkbox"/> Stool for ova and parasites • Sputum culture on admission and every Sunday (Do throat swab if unable to obtain sputum) • Sputum for fungal culture x 1 (if able to obtain) <input type="checkbox"/> Sputum for atypical mycobacteria (if able to obtain) <input type="checkbox"/> Apply Lidocaine 2.5%/Prilocaine 2.5% (Emla®) cream at least 1 hour prior to accessing: <ul style="list-style-type: none"> <input type="checkbox"/> Vascular access device <input type="checkbox"/> Peripheral line <input type="checkbox"/> Use Midazolam _____ milligrams po 20 – 45 minutes prior to inserting midline catheter (0.5 – 1 mg/kg/dose; Max 20 mg/dose). Use in accordance with Conscious Sedation Guidelines. • IV Normal Saline TKVO • May lock IV between medications with Heparin 1:10 	
		<p>Blood Work (to be done fasting, the morning after admission)</p> <ul style="list-style-type: none"> • CBC with differential and platelets • PT, INR, aPTT • Na, K, Cl, HCO₃, urea, creatinine, glucose • Ca, PO₄, Mg, uric acid • ALP, AST, ALT, GGT • Cholesterol, triglycerides • C-reactive protein • Albumin, retinol binding protein • Fe, ferritin, Zn, Se • Vitamin A and E levels • IgE, Aspergillus precipitins <input type="checkbox"/> RAST for Aspergillus <input type="checkbox"/> Prolactin <input type="checkbox"/> HgB A1c 	
		<p>Signature _____</p> <p>Print Name _____</p> <p>College I.D. No. _____</p>	



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