

## General

## Nursing

### Vital Signs (Single Response)

- |   |  |
|---|--|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 4 hours<br>With neuro checks. |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 8 hours                       |

### Activity

- |  |  |
|--|--|
| <input type="checkbox"/> Up ad lib                         | Routine, Until discontinued, Starting S<br>Specify: Up ad lib                            |
| <input type="checkbox"/> Ambulate with assistance          | Routine, 3 times daily<br>Specify: with assistance                                       |
| <input type="checkbox"/> Bed rest with bathroom privileges | Routine, Until discontinued, Starting S<br>Bathroom Privileges: with bathroom privileges |

### Nursing

- |  |  |
|--|--|
| <input type="checkbox"/> Neurological assessment | Routine, Every 4 hours<br>Assessment to Perform: |
| <input type="checkbox"/> Neurological assessment | Routine, Every 8 hours<br>Assessment to Perform: |

### Diet

- |   |  |
|---|--|
| <input type="checkbox"/> NPO                  | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:   |
| <input type="checkbox"/> Diet - Regular       | Diet effective now, Starting S<br>Diet(s): Regular<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:       |
| <input type="checkbox"/> Diet - Heart healthy | Diet effective now, Starting S<br>Diet(s): Heart Healthy<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid: |
| <input type="checkbox"/> Diet                 | Diet effective now, Starting S<br>Diet(s):<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:               |

## IV Fluids

### IV Fluids (Single Response)

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion            | intravenous, continuous |
| <input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion | intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % infusion           | intravenous, continuous |

### IV Fluids with Potassium (Single Response)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | intravenous, at 100 mL/hr, continuous |
| <input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion                  | intravenous, continuous               |

## Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

## Medications

### Consult Pharmacy - Polypharmacy

<input type="checkbox"/> Pharmacy consult to complete polypharmacy review	Routine, Until discontinued, Starting S
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### Medications

<input type="checkbox"/> amitriptyline (ELAVIL) tablet	oral, nightly Indication:
<input type="checkbox"/> divalproex (DEPAKOTE) 24 hr tablet	oral, daily
<input type="checkbox"/> DULoxetine (CYMBALTA) DR capsule	60 mg, oral, every morning Indication:
<input type="checkbox"/> topiramate (TOPAMAX) tablet	oral, 2 times daily
<input type="checkbox"/> naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours
<input type="checkbox"/> propranolol (INDERAL) tablet	10 mg, oral, every 8 hours HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> venlafaxine (EFFEXOR) tablet	37.5 mg, oral, daily Indication:
<input type="checkbox"/> verapamil (CALAN) tablet	120 mg, oral, every 12 hours scheduled

### Medications - Injections/IV

<input type="checkbox"/> dihydroergotamine (DHE) injection and Pre-meds	
<input type="checkbox"/> metoclopramide (REGLAN) injection	10 mg, intravenous, once, For 1 Doses Inappropriate use in most cases for Neuro Patients Pre-Med for DHE
<input type="checkbox"/> promethazine (PHENERGAN) injection	25 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Pre-med for DHE
<input type="checkbox"/> dihydroergotamine (DHE) injection	1 mg, intramuscular, every 8 hours For headaches
<input type="checkbox"/> methylPREDNISolone (Solu-MEDROL) injection	intravenous, every 12 hours

### Medications - Pain (Headache) (Single Response)

<input type="checkbox"/> buprenorphine HCl (BUPRENEX) 0.3 mg/mL injection	0.1 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), headache
<input type="checkbox"/> butalbital-acetaminophen-caff (FIORICET, ESGIC) per tablet	1 tablet, oral, every 4 hours PRN, headaches
<input type="checkbox"/> butalbital-acetaminophen (BUPAP) 50-325 mg per tablet	1 tablet, oral, every 4 hours PRN, headaches
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 8 hours PRN, moderate pain (score 4-6), headaches
<input type="checkbox"/> isometh-dichloral-acetaminophen (MIDRIN) per capsule	1 capsule, oral, every 4 hours PRN, headaches

### Medications - Migraine (Triptans) (Single Response)

<input type="checkbox"/> eletriptan (RELPAK) tablet	40 mg, oral, every 2 hour PRN, migraine, For 2 Doses
<input type="checkbox"/> rizatriptan (MAXALT) tablet	10 mg, oral, every 2 hour PRN, migraine, For 2 Doses
<input type="checkbox"/> SUMatriptan (IMITREX) tablet	100 mg, oral, every 2 hour PRN, migraine
<input type="checkbox"/> SUMatriptan succinate (IMITREX) injection solution	6 mg, subcutaneous, every 1 hour prn, migraine
<input type="checkbox"/> ZOLMitriptan (ZOMIG) tablet	5 mg, oral, every 2 hour PRN, migraine, For 2 Doses

### Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
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<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

## VTE

## Labs

### Labs Today

<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Sedimentation rate	Once
<input type="checkbox"/>	TSH	Once

## Cardiology

## Imaging

### CT

<input type="checkbox"/>	CT Head W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging For 1

### MRI

<input type="checkbox"/>	MRI Brain W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	MRI Brain Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	MRI Brain W Wo Contrast	Routine, 1 time imaging For 1

## Other Studies

### Other Diagnostic Studies

<input type="checkbox"/>	Lumbar Puncture by Radiology	
<input type="checkbox"/>	Lumbar Puncture	Routine, 1 time imaging For 1 If tap is traumatic, send first and last tube for cell count., Imaging Procedure
<input type="checkbox"/>	CSF cell count with differential	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	CSF protein	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Glucose, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	CSF culture	Once, Cerebrospinal fluid Includes a Gram stain. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Fungus culture	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	AFB culture	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Cryptococcal antigen	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Cytology (non-gynecological) request	A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.
<input type="checkbox"/>	LDH, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area, Imaging Proc. Labs
<input type="checkbox"/>	Immuno G synthesis rate, CSF	Once This panel requires serum and CSF samples to be sent at the same time. The panel cannot be ordered again within 72 hours. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

<input type="checkbox"/> D-dimer, quantitative	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Gabapentin level	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> CSF VDRL	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Lyme disease reflexive panel, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Flow cytometry evaluation	Once Panel: Specimen Type: Reason for evaluation: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Myelin basic protein, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> BK virus by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Cytomegalovirus (CMV), PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Enterovirus by PCR	Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Herpes simplex virus, PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> JC virus, quantitative PCR	Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Toxoplasma gondii qPCR - Viracor	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Varicella zoster, PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> West Nile virus by PCR, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Oligoclonal banding, CSF	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> West Nile virus antibody panel, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

Angiotensin converting enzyme, CSF

Once, Cerebrospinal fluid  
Specimen to be drawn in Interventional Radiology area.,  
Imaging Proc. Labs

## Respiratory

### Respiratory Therapy

Oxygen therapy - Non-rebreather

Routine, Continuous  
Device 1: Non-rebreather mask  
Rate in liters per minute:  
Titrate to keep O2 Sat Above: 92%  
Indications for O2 therapy:  
Device 2:  
Device 3:  
Indications for O2 therapy:

Oxygen therapy - Nasal cannula

Routine, Continuous  
Device 1: Nasal Cannula  
Rate in liters per minute: 2 lpm  
Rate in tenths of a liter per minute:  
O2 %:  
Titrate to keep O2 Sat Above: 92%  
Indications for O2 therapy:  
Device 2:  
Device 3:

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders