

# ED Advanced Abdominal Pain/Flank Pain [1556]

## General

## Nursing

### Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Orthostatic vital signs	STAT, Once For 1 Occurrences If patient is able to stand

### Nursing

<input type="checkbox"/> ED bedside monitoring	STAT, Continuous
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### Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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## IV Fluids

### 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

### IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % infusion - 100 mL/hr	100 mL/hr, intravenous, continuous

## Medications

### Antibiotics

<input type="checkbox"/> cefazolin (ANCEF) IV	1 g, intravenous, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) intraMUSCULAR	1,000 mg, intramuscular, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> nitrofurantoin (MACRODANTIN) capsule	200 mg, oral, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital

<input type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, once, For 1 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
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### Severe Pain (Pain Score 7-10)

<input type="checkbox"/> morPHINE injection	4 mg, intravenous, once PRN, severe pain (score 7-10), For 1 Doses Give if patient c/o pain is GREATER than 7, is not hypotensive and does not have an allergy to morphine.
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	2 mg, intravenous, once PRN, severe pain (score 7-10), For 1 Doses

### General Medications

<input type="checkbox"/> lidocaine/maalox (GI COCKTAIL) suspension	35 mL, oral, once, For 1 Doses
<input type="checkbox"/> pantoprazole (PROTONIX) injection	40 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

### 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 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.

## Labs

### Laboratory STAT

<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Amylase	STAT For 1 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
<input type="checkbox"/> Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/> Troponin	STAT For 1 Occurrences
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Type and screen	STAT For 1 Occurrences

### Laboratory STAT

<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Amylase	STAT For 1 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/> Troponin	STAT For 1 Occurrences
<input type="checkbox"/> Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/> Type and screen	STAT For 1 Occurrences

### Laboratory

<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Amylase	STAT For 1 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences

<input type="checkbox"/>	Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
<input type="checkbox"/>	Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin	STAT For 1 Occurrences
<input type="checkbox"/>	Urine Culture and Urinalysis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/>	Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences

### GU/Pelvic Labs STAT

<input type="checkbox"/>	Chlamydia by ProbeTec	Once
<input type="checkbox"/>	GC By ProbeTec	Once
<input type="checkbox"/>	Rhogam Type and Screen	Once
<input type="checkbox"/>	Wet prep	Once

### Pregnancy Labs

<input type="checkbox"/>	hCG QUALitative, serum	STAT For 1 Occurrences
<input type="checkbox"/>	hCG QUALitative, urine	STAT For 1 Occurrences
<input type="checkbox"/>	hCG QUANtitative, serum	STAT For 1 Occurrences

## Cardiology

### Cardiology

<input type="checkbox"/>	ECG 12 lead	STAT, Once Clinical Indications: Interpreting Physician: To be performed by ED Staff - Show immediately to ED MD
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## Imaging

### Diagnostics X-Ray

<input type="checkbox"/>	Abdomen Acute Inc Chest	STAT, 1 time imaging For 1
<input type="checkbox"/>	Abdomen Ap And Lateral	STAT, 1 time imaging For 1 Flat
<input type="checkbox"/>	Abdomen 1 Vw Portable	STAT, 1 time imaging For 1

### Diagnostics CT

<input type="checkbox"/>	CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)	<b>"And" Linked Panel</b> For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once, For 1 Doses
<input type="checkbox"/>	CT Abdomen and Pelvis without IV Contrast (for iodine allergy, oral only - Read-Cat)	<b>"And" Linked Panel</b> Ordered as secondary option for those with iodine allergies.
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once, For 1 Doses
<input type="checkbox"/>	CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)	<b>"And" Linked Panel</b> For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once, For 1 Doses
<input type="checkbox"/>	CT Renal Stone Protocol	STAT, 1 time imaging For 1 Occurrences

### Diagnostic US

<input type="checkbox"/>	US Abdomen Complete	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	US Abdominal Limited	STAT, 1 time imaging For 1 Right Upper Quadrant
<input type="checkbox"/>	US Gallbladder	STAT, 1 time imaging For 1
<input type="checkbox"/>	US Scrotal	STAT, 1 time imaging For 1
<input type="checkbox"/>	US Pelvic Non Ob Limited	STAT, 1 time imaging For 1

#### Ultrasound & Misc

<input type="checkbox"/>	US Pregnancy Single Less Than 14 weeks with US Pregnancy Transvaginal	
<input type="checkbox"/>	US Pregnancy Single Less Than 14 Weeks	STAT, 1 time imaging For 1 Occurrences Must be ordered with US Pregnancy Transvaginal Order.
<input type="checkbox"/>	US Pregnancy Transvaginal	STAT, 1 time imaging For 1 Occurrences Must be ordered with Us Pregnancy single <14 weeks.
<input type="checkbox"/>	US Pregnancy Single Less Than 14 weeks with US Pregnancy Transvaginal ( Pregnant, Vaginal Bleed )	
<input type="checkbox"/>	US Pregnancy Single Less Than 14 Weeks	STAT, 1 time imaging For 1 Occurrences Must be ordered with US Pregnancy Transvaginal order.
<input type="checkbox"/>	US Pregnancy Transvaginal	STAT, 1 time imaging For 1 Occurrences Must be ordered with US Pregnancy Single <14 weeks.
<input type="checkbox"/>	US Pregnancy Greater Than 14 weeks - Limited	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	US Pregnancy Greater Than 14 weeks - Limited	STAT, 1 time imaging For 1 Occurrences

#### Other Studies

#### Respiratory

#### Rehab

#### Consults

For Physician Consult orders use sidebar

#### Additional Orders