

Medications

Antibiotics

[] cefTRIAxone (ROCEPHIN) 1 g in lidocaine PF (XYLOCAINE) IM injection	250 mg, intramuscular, once, For 1 Doses
[] metroNIDAZOLE (FLAGYL) tablet	2,000 mg, oral, once, For 1 Doses Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify: if (answer = Other) Specify:
[] azithromycin (ZITHROMAX) tablet	1,000 mg, oral, once, For 1 Doses Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:
[] azithromycin (ZITHROMAX) tablet	2,000 mg, oral, once, For 1 Doses **If severe cephalosporin allergy, instead of Rocephin and Zithromax 1gm, give Zithromax 2gm po x1 dose in ED Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:

<input type="checkbox"/> doxycycline (VIBRAMYCIN) oral	100 mg, oral, once, For 1 Doses *Use if Allergy to Macrolides-Azithromycin/Erythromycin Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:
--	---

PRN Medications

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	8 mg, oral, once, For 1 Doses
<input type="checkbox"/> fluconazole (DIFLUCAN) tablet	300 mg, oral, once, For 1 Doses Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Fungal Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Fungal Infection Documented) Indication: if (answer = Other) Specify: if (answer = Other) Specify:
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	15 mg/kg, oral, once, For 1 Doses
<input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet	400 mg, oral, once, For 1 Doses
<input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension	10 mg/kg, oral, once, For 1 Doses
<input type="checkbox"/> Tdap (ADACEL) injection	0.5 mL, intramuscular, once, For 1 Doses

Pregnancy Prevention Treatment

Prior to Medication Labs

<input type="checkbox"/> POC pregnancy, urine	Once For 1 Occurrences
<input type="checkbox"/> hCG qualitative, urine screen	Once For 1 Occurrences
<input type="checkbox"/> hCG qualitative, serum screen	Once For 1 Occurrences
<input type="checkbox"/> levonorgestrel (PLAN B) tablet	0.75 mg, oral, once, For 1 Doses **Must Have Negative Pregnancy Test confirmed prior to administration

HIV Prophylaxis Treatment

HIV Labs

<input type="checkbox"/> HIV Ag/Ab combination	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Labs

<input type="checkbox"/> Rapid HIV 1 & 2	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Labs

<input type="checkbox"/> HIV 1, 2 antibody	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Prophylaxis Medications

	"And" Linked Panel
<input type="checkbox"/> emtricitabine (EMTRIVA) -AND- tenofovir (TRUVADA) -AND- raltegravir (ISENTRESS)	
<input type="checkbox"/> emtricitabine (EMTRIVA) capsule	200 mg, oral, daily Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Viral Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:
<input type="checkbox"/> tenofovir (VIREAD) tablet	300 mg, oral, daily Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Viral Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:
<input type="checkbox"/> raltegravir (ISENTRESS) tablet	400 mg, oral, 2 times daily Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Viral Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:

Hepatitis Prophylaxis Treatment

Hepatitis Labs

<input type="checkbox"/> Hepatitis B surface antibody	Once For 1 Occurrences
<input type="checkbox"/> Hepatitis C antibody	Once For 1 Occurrences

Hepatitis Prophylaxis Medications

<input type="checkbox"/> hepatitis B (ENGERIX-B) 20 mcg/mL vaccine	20 mcg, intramuscular, once, For 1 Doses * If over 20 years old give 20 mcg
<input type="checkbox"/> hepatitis B (RECOMBIVAX HB) 5 mcg/0.5 mL vaccine	5 mcg, intramuscular, once, For 1 Doses * If under 20 years old give 5 mcg/0.5mL

STD Testing

STD Labs

<input type="checkbox"/> GC By ProbeTec	Once For 1 Occurrences
<input type="checkbox"/> Chlamydia by ProbeTec	Once For 1 Occurrences
<input type="checkbox"/> Wet prep	Once For 1 Occurrences
<input type="checkbox"/> Syphilis treponemal IgG	Once For 1 Occurrences
<input type="checkbox"/> Urine Culture and Urinalysis	"And" Linked Panel
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/> Urinalysis	STAT For 1 Occurrences

<input type="checkbox"/> Urine drugs of abuse screen	Once For 1 Occurrences
--	------------------------

STD Labs

<input type="checkbox"/> GC By ProbeTec	Once For 1 Occurrences
---	------------------------

<input type="checkbox"/> Chlamydia by ProbeTec	Once For 1 Occurrences
--	------------------------

<input type="checkbox"/> Wet prep	Once For 1 Occurrences
-----------------------------------	------------------------

<input type="checkbox"/> Syphilis treponemal IgG	Once For 1 Occurrences
--	------------------------

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:
---	--

<input type="checkbox"/> Urine drugs of abuse screen	Once For 1 Occurrences
--	------------------------

Strangulation Victims

Imaging

<input type="checkbox"/> CT Head Wo Contrast	STAT, 1 time imaging For 1 Occurrences
--	--

<input type="checkbox"/> CT Maxillofacial Wo Contrast	STAT, 1 time imaging For 1 Occurrences
---	--

<input type="checkbox"/> XR Neck Soft Tissue	STAT, 1 time imaging For 1 Occurrences
--	--