

General

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
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Nursing

<input type="checkbox"/> Complete consent for	STAT, Once For 1 Occurrences Procedure: Lumbar Puncture Diagnosis/Condition: Physician:
<input type="checkbox"/> Lumbar puncture tray to bedside	STAT, Once For 1 Occurrences
<input type="checkbox"/> Straight cath	STAT, Once For 1 Occurrences For Urine

IV Fluids

IV Fluids

<input type="checkbox"/> dextrose 5%-0.225% sodium chloride infusion	intravenous, continuous
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.9 % bolus	1,000 mL, intravenous, for 60 Minutes, PRN If blood pressure drops by 20 mmHg from baseline and heart rate increases by 20 beats per minute from baseline; release conditional bolus order and notify physician immediately.

Medications

Medications

<input type="checkbox"/> acetaminophen (TYLENOL) 160 mg/5 mL (5 mL) solution	oral, once, For 1 Doses
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	325 mg, rectal, once, For 1 Doses
<input type="checkbox"/> acetaminophen (TYLENOL) chewable tablet	160 mg, oral, once, For 1 Doses
<input type="checkbox"/> acetaminophen-codeine 120 mg-12 mg /5 mL (5 mL) solution	10 mL, oral, once, For 1 Doses
<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	oral, once, For 1 Doses
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	10 mL, oral, once, For 1 Doses
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	intravenous, once, For 1 Doses
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) 12.5 mg/5 mL elixir	oral, once, For 1 Doses
<input type="checkbox"/> ondansetron (ZOFRAN) IV	intravenous, once, For 1 Doses
<input type="checkbox"/> ondansetron (ZOFRAN) oral solution	1 mg, oral, once, For 1 Doses
<input type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, once, For 1 Doses
<input type="checkbox"/> ranitidine (ZANTAC) 15 mg/mL syrup	oral, once, For 1 Doses Formulary-approved indication:
<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, once, For 1 Doses Aerosol Delivery Device:
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	intravenous, once, For 1 Doses
<input type="checkbox"/> dexamethasone (DECADRON) injection	oral, once, For 1 Doses
<input type="checkbox"/> prednisoLONE (PRELONE) 15 mg/5 mL syrup	oral, once, For 1 Doses
<input type="checkbox"/> prednisoLONE (ORAPRED) 15 mg/5 mL solution	oral, once, For 1 Doses
<input type="checkbox"/> predniSONE (DELTASONE) tablet	5 mg, oral, once, For 1 Doses
<input type="checkbox"/> predniSONE (DELTASONE) tablet	10 mg, oral, once, For 1 Doses

VTE

Labs

Laboratory - Stat

<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Heterophile Ab screen	STAT For 1 Occurrences
<input type="checkbox"/>	Group A strep, rapid antigen	STAT For 1 Occurrences, Throat
<input type="checkbox"/>	RSV, rapid antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Influenza antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid level	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis, automated with microscopy	STAT For 1 Occurrences

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<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Heterophile Ab screen	STAT For 1 Occurrences
<input type="checkbox"/>	Group A strep, rapid antigen	STAT For 1 Occurrences, Throat
<input type="checkbox"/>	RSV, rapid antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Influenza antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/>	Urine culture	STAT For 1 Occurrences, Urine

Laboratory

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<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Heterophile Ab screen	STAT For 1 Occurrences
<input type="checkbox"/>	Group A strep, rapid antigen	STAT For 1 Occurrences, Throat
<input type="checkbox"/>	RSV, rapid antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Influenza antigen	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid level	STAT 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

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Rotavirus antigen, stool	STAT For 1 Occurrences, Stool
<input type="checkbox"/>	Respiratory pathogen panel	STAT For 1 Occurrences

Cardiology

Imaging

Diagnostic CT

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

<input type="checkbox"/>	Chest 1 Vw	STAT, 1 time imaging For 1 Occurrences
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<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/> Pelvis And Hips Infant Child 2+ Vw	STAT, 1 time imaging For 1 Occurrences Please perform Frogview
<input type="checkbox"/> Chest And Abdomen Child	STAT, 1 time imaging For 1 Babygram

Other Studies

Respiratory

Respiratory Orders

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device 1: Titrate to keep O2 Sat Above: Indications for O2 therapy:
<input type="checkbox"/> Pulse oximetry	STAT, Daily Current FIO2 or Room Air:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders