

## General

## Nursing

## Vital Signs

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

<input type="checkbox"/> ED bedside monitoring	STAT, Continuous
<input type="checkbox"/> Lumbar puncture tray to bedside	STAT, Once

## 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

## Cardiovascular

<input type="checkbox"/> cloNIDine HCl (CATAPRES) tablet	0.1 mg, oral, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> labetalol (TRANDATE) injection	20 mg, intravenous, once, For 1 Doses HOLD parameters for this order: Contact Physician if:

## Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once, For 1 Doses Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection - 4 mg	4 mg, intravenous, once, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV - 12.5 mg	12.5 mg, intravenous, once, For 1 Doses 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	12.5 mg, oral, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

## Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once PRN, nausea, vomiting, For 1 Doses Give if patient is able to tolerate oral medication.
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<input type="checkbox"/> ondansetron (ZOFTRAN) injection - 4 mg	4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 20 mL for Alaris pump syringe option - 12.5 mg	12.5 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses 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	12.5 mg, oral, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once, For 1 Doses Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection - 4 mg	4 mg, intravenous, once, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg	12.5 mg, intravenous, for 30 Minutes, once, For 1 Doses 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	12.5 mg, oral, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Migraine Pain

<input type="checkbox"/> dexamethasone (DECADRON) IV	10 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> dihydroergotamine (DHE) injection	1 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> metoclopramide (REGLAN) injection	10 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> eletriptan (RELPAK) tablet	20 mg, oral, once, For 1 Doses
<input type="checkbox"/> SUMATriptan succinate (IMITREX) injection solution	6 mg, subcutaneous, every 1 hour, For 2 Doses

#### IV Pain Medications

<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	1 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days

#### Anticoagulation

<input type="checkbox"/> aspirin tablet	325 mg, oral, once, For 1 Doses
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, once, For 1 Doses

<input type="checkbox"/> clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
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### Other Medications

<input type="checkbox"/> magnesium sulfate 2 g/50 mL IVPB (premix)	2 g, intravenous, for 2 Hours, once, For 1 Doses
<input type="checkbox"/> mannitol 25 % IV Push	12.5 g, intravenous, once, For 1 Doses

## Labs

### Labs - STAT

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Sedimentation rate	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"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:

### Labs-STAT

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Sedimentation rate	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"/> 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

### Labs- STAT

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Sedimentation rate	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"/> Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/> Urine culture	STAT For 1 Occurrences, Urine

### Pregnancy Labs

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

## Cardiology

### ECG

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

### X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1
<input type="checkbox"/> VP Shunt Series	<b>"And" Linked Panel</b>
<input type="checkbox"/> Skull < 4 Vw	STAT, 1 time imaging For 1

<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1
<input type="checkbox"/> Abdomen Ap And Lateral	STAT, 1 time imaging For 1
<input type="checkbox"/> Cervical Spine 2 Or 3 Vw	STAT, 1 time imaging For 1

## CT

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

## Other Studies

### Diagnostics MRI/MRA

<input type="checkbox"/> MRA Head Wo Contrast	STAT, 1 time imaging For 1
<input type="checkbox"/> MRA Neck Wo Contrast	STAT, 1 time imaging For 1
<input type="checkbox"/> MRA Circle Of Willis	STAT, 1 time imaging For 1
<input type="checkbox"/> MRI Brain Wo Contrast	STAT, 1 time imaging For 1

## Respiratory

### Respiratory

<input type="checkbox"/> Oxygen therapy	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:
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## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders