

General

Nursing

Nursing

For patients who require short-term urinary catheterization, avoid the routine use of antimicrobial-coated urinary catheters to prevent UTIs.

For patients with suspected catheter-associated UTI who are unable to tolerate the permanent removal of an indwelling urinary catheter, consider the use of a suprapubic urinary catheter.

For patients with suspected catheter-associated UTIs, consider removing indwelling urinary catheters.

<input type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input type="checkbox"/> Neuro checks	Routine, Every 4 hours
<input type="checkbox"/> Height and weight	Routine, Once
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Intake and Output	Routine, Every shift
<input type="checkbox"/> Apply cooling blanket	Routine, As needed Cooling measures
<input type="checkbox"/> IV access care	Routine, Per unit protocol Remove peripheral IV upon transfer from unit
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> Straight cath	Routine, Once
<input type="checkbox"/> Foley catheter - remove	Routine, Once
<b>Notify</b>	
<input type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S

<input type="checkbox"/> Notify Physician for (Specify lab)	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR less than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: WBC less than: Other Lab (Specify):
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<input checked="" type="checkbox"/> Notify Physician (Specify vitals,output,pulse ox)	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92
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**Diet**

<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
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**IV Fluids**

**Peripheral IV Access**

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

**IV Bolus (Single Response)**

<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 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses

**Maintenance IV Fluids (Single Response)**

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
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( ) lactated Ringer's infusion	75 mL/hr, intravenous, continuous
( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
( ) sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

## Medications

For appropriately selected patients with complicated UTI and clinically severe infection, treat with antibacterial agents to complete a treatment course of 14 days in total.

For appropriately selected patients with complicated UTIs (eg, men who are febrile, patients who may have bladder outlet obstruction, patients with indwelling catheters), treat with antibacterial agents to complete a treatment course of 7 to 14 days in total

For patients with a Gram-positive organism seen on the initial Gram stain, use an aminopenicillin plus a beta-lactamase inhibitor for 7 days as first-line therapy, with or without a single parenteral dose of an antibacterial agent

For patients with more severe cases of acute pyelonephritis, treat with antibacterial agents to complete a treatment course of 7 to 14 days in total

### Beta Lactamase Inhibitors

[ ] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours Reason for Therapy:
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### Carbapenems

[ ] ertapenem (INVanz) IV	1 g, intravenous, every 24 hours Reason for Therapy:
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### Cephalosporins 3rd Generation

[ ] ceftriaxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
[ ] cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours Reason for Therapy:

### Aminoglycosides

[ ] gentamicin (GARAMYCIN) IVPB	5 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
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### Antiemetics

[X] ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] 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.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
[X] 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.
[X] 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.
[X] 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>
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<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>
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<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.

## Antipyretics

<input type="checkbox"/> Acetaminophen Oral or Per Tube or Rectal	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

VTE

Labs

## Labs Today

<input type="checkbox"/>	Blood gas, arterial	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once

Specimen Source: Urine  
Specimen Site:

## Microbiology

<input type="checkbox"/>	Blood culture x 2	<b>"And" Linked Panel</b>
<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.

## Cardiology

## Imaging

### CT

<input type="checkbox"/>	CT Renal Stone Protocol	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Abdomen W 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 W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis W 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	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

### X-Ray

<input type="checkbox"/>	Kub Kidney Ureter Bladder	Routine, 1 time imaging For 1
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging For 1

### US

<input type="checkbox"/>	US Renal	Routine, 1 time imaging For 1
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## Other Diagnostic Studies

## Respiratory

## Rehab

## Consults