

## General

## Nursing

## Vital Signs

<input checked="" type="checkbox"/> Vital Signs	STAT, Per unit protocol
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## Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

## Nursing

<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous
<input checked="" type="checkbox"/> NIH Stroke Scale	STAT, Once
<input checked="" type="checkbox"/> Neurological assessment	STAT, Per unit protocol Assessment to Perform:
<input checked="" type="checkbox"/> Draw labs PRIOR to CT if it will not delay procedure	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Dysphagia screen	STAT, Once No oral medications until dysphagia screen is complete.
<input checked="" type="checkbox"/> No oral medications until dysphagia screen is complete	STAT, Once For 1 Occurrences

## Notify

<input checked="" type="checkbox"/> Notify Physician	STAT, Until discontinued, Starting S, If patient presents with risk factors for sepsis, or altered mental status, or abnormal vital signs. Complete ED screening tool and notify ED physician for initiation of sepsis treatment.
<input checked="" type="checkbox"/> Notify Physician	STAT, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)

## IV Fluids

## Medications

## Medications - Aspirin (Single Response)

<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, once, For 1 Doses
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, once, For 1 Doses
<input type="checkbox"/> aspirin suppository - for NPO patients	300 mg, rectal, once, For 1 Doses

## Medications - IV

<input type="checkbox"/> labetalol (TRANDATE) injection	10 mg, intravenous, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-10 mg/hr, intravenous, continuous

## Medications - Intracranial Hemorrhage

For FFP use the Type and Crossmatch order set

<input type="checkbox"/> phytonadione (VITAMIN K) IVPB	10 mg, intravenous, for 30 Minutes, once, For 1 Doses Indication:
<input type="checkbox"/> levETIRAcetam (KEPPRA) IVPB	500 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> phenytoin (DILANTIN) in sodium chloride 0.9 % 50 mL IVPB	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Filtered tubing required for infusion

mannitol 20 % infusion

5 g/hr, intravenous, once, For 1 Doses

## VTE

## Labs

### Labs STAT

<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic 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"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site: Clean catch
<input type="checkbox"/> Syphilis total antibody	STAT For 1 Occurrences

### Labs STAT

<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid, I-Stat , SEPSIS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<input type="checkbox"/> Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/> Syphilis total antibody	STAT For 1 Occurrences

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<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
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<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic 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"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<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"/> Syphilis total antibody	STAT For 1 Occurrences

### Labs-Cardiac

<input type="checkbox"/> Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> B natriuretic pep, I-Stat	STAT For 1 Occurrences

### Labs - Cardiac

<input type="checkbox"/> Troponin Series ACS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> B-type natriuretic peptide	STAT For 1 Occurrences

### Labs-Cardiac

<input type="checkbox"/> Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> B natriuretic peptide	STAT For 1 Occurrences

### Labs - Liver Failure

<input type="checkbox"/> Ammonia level	STAT For 1 Occurrences
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### Labs - Possible Intoxication

<input type="checkbox"/> Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/> Urine drugs of abuse screen	STAT For 1 Occurrences

### Labs - Based on Medication History

<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/> Carbamazepine level, total	STAT For 1 Occurrences
<input type="checkbox"/> Lithium level	STAT For 1 Occurrences
<input type="checkbox"/> Valproic acid level, total	STAT For 1 Occurrences
<input type="checkbox"/> Phenytoin level, total	STAT For 1 Occurrences

### Labs - Pregnancy

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

### Labs - 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

### Cardiology

<input checked="" type="checkbox"/> Electrocardiogram, 12-lead	STAT, Once Clinical Indications: Other: Other: CVA/TIA/AMS Interpreting Physician: To be performed by ED Staff - Show immediately to physician.
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## Imaging

### CT

<input checked="" type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, 1 time imaging For 1 If meets stroke protocol criteria, do Immediately on arrival to ER
<input checked="" type="checkbox"/> CTA Head W Wo Contrast	STAT, 1 time imaging For 1 " Follow ELVO Protocol"

CTA Neck W Wo Contrast STAT, 1 time imaging For 1

## MRI/MRA

MRI Brain Wo Contrast STAT, 1 time imaging For 1

MRI Brain W Wo Contrast STAT, 1 time imaging For 1  
Perfusion Brain MRI

MRA Head Wo Contrast STAT, 1 time imaging For 1

MRA Neck Wo Contrast STAT, 1 time imaging For 1

MRI Brain Venogram STAT, 1 time imaging For 1

## X-Ray

Chest 1 Vw Portable STAT, 1 time imaging For 1 Occurrences

Chest 2 Vw STAT, 1 time imaging For 1 Occurrences

Cervical Spine Complete STAT, 1 time imaging For 1

## Other Studies

## Respiratory

### Respiratory

Oxygen therapy STAT, 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: 95%  
Indications for O2 therapy: Respiratory distress  
Device 2:  
Device 3:  
Indications for O2 therapy:

## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

Consult to Case Management Consult Reason:  
 Consult to Social Work Reason for Consult:  
 Consult PT Eval and Treat Reasons for referral to Physical Therapy (mark all applicable):  
Are there any restrictions for positioning or mobility?  
Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
Weight Bearing Status:  
 Consult PT wound care Special Instructions:  
Location of Wound?  
 Consult OT Eval and Teat Reason for referral to Occupational Therapy (mark all that apply):  
Are there any restrictions for positioning or mobility?  
Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
Weight Bearing Status:  
 Consult to Nutrition Services Reason For Consult?  
Purpose/Topic:  
 Consult to Spiritual Care Reason for consult?  
 Consult to Speech Language Pathology STAT, Once  
Consult Reason: Dysphagia,Dysarthria

Consult to Wound Ostomy Care nurse

Reason for consult:  
Reason for consult:  
Reason for consult:  
Reason for consult:  
Consult for NPWT:  
Reason for consult:

Consult to Respiratory Therapy

Reason for Consult? To manage oxygen saturation and airway

## Additional Orders