ED Admission Module [2153]

General

Admission or Observation (Single Response)

( ) Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT
( ) Admit to IP- University Teaching Service	Diagnosis: Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Scheduling/ADT
( ) UTS - Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Admission or Observation   (Single Response)
   Patient has active status order on file

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( ) Admit to IP- University Teaching Service	Diagnosis: Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
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( ) UTS - Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Admission (Single Response)
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( )	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Scheduling/ADT

Admission or Observation (Single Response)
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( )	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Scheduling/ADT

Code Status

[ ]	Full code	Code Status decision reached by: ED Admit/Obs
[ ]	DNR (Do Not Resuscitate)	
[ ]	DNR (Do Not Resuscitate)	Does patient have decision-making capacity? ED Admit/Obs
[ ]	Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ]	Consult to Social Work	Reason for Consult: ED Admit/Obs
[ ]	Modified Code	Does patient have decision-making capacity? Modified Code restrictions: ED Admit/Obs
[ ]	Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: ED Admit/Obs

Isolation

[ ]	Airborne isolation status	Details
[ ]	Contact isolation status	Details
[ ]	Droplet isolation status	Details
[ ]	Enteric isolation status	Details

Precautions

[ ]	Aspiration precautions	ED Admit/Obs
[ ]	Fall precautions	Increased observation level needed: ED Admit/Obs
[ ]	Latex precautions	ED Admit/Obs
[ ]	Seizure precautions	Increased observation level needed: ED Admit/Obs

Common Present on Admission Diagnosis

[ ]	Acidosis	Scheduling/ADT
[ ]	Acute Post-Hemorrhagic Anemia	Scheduling/ADT
[ ]	Acute Renal Failure	Scheduling/ADT
[ ]	Acute Respiratory Failure	Scheduling/ADT
[ ]	Acute Thromboembolism of Deep Veins of Lower Extremities	Scheduling/ADT
[ ]	Anemia	Scheduling/ADT
[ ]	Bacteremia	Scheduling/ADT
[ ]	Bipolar disorder, unspecified	Scheduling/ADT
[ ]	Cardiac Arrest	Scheduling/ADT
[ ]	Cardiac Dysrhythmia	Scheduling/ADT
[ ]	Cardiogenic Shock	Scheduling/ADT
[ ]	Decubitus Ulcer	Scheduling/ADT
[ ]	Dementia in Conditions Classified Elsewhere	Scheduling/ADT
[ ]	Disorder of Liver	Scheduling/ADT
[ ]	Electrolyte and Fluid Disorder	Scheduling/ADT
[ ]	Intestinal Infection due to Clostridium Difficile	Scheduling/ADT
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Scheduling/ADT
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Scheduling/ADT
[ ]	Other Alteration of Consciousness	Scheduling/ADT
[ ]	Other and Unspecified Coagulation Defects	Scheduling/ADT
[ ]	Other Pulmonary Embolism and Infarction	Scheduling/ADT
[ ]	Phlebitis and Thrombophlebitis	Scheduling/ADT
[ ]	Protein-calorie Malnutrition	Scheduling/ADT
[ ]	Psychosis, unspecified psychosis type	Scheduling/ADT
[ ]	Schizophrenia Disorder	Scheduling/ADT
[ ]	Sepsis	Scheduling/ADT
[ ]	Septic Shock	Scheduling/ADT
[ ]	Septicemia	Scheduling/ADT
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Scheduling/ADT
[ ]	Urinary Tract Infection, Site Not Specified	Scheduling/ADT

Nursing

Vital Signs

[ ]	Vital signs - every 2 hours	Routine, Every 2 hours, ED Admit/Obs
[ ]	Vital signs - every 4 hours	Routine, Every 4 hours, ED Admit/Obs
[ ]	Vital signs - every 8 hours	Routine, Every 8 hours, ED Admit/Obs
[X]	Vital signs - per unit protocol	Routine, Per unit protocol, ED Admit/Obs

Vital signs- DO NOT SET DEFAULT IN USER SETS

[ ]	Vital signs - every 2 hours	Routine, Every 2 hours, ED Admit/Obs
[ ]	Vital signs - every 4 hours	Routine, Every 4 hours, ED Admit/Obs
[ ]	Vital signs - every 8 hours	Routine, Every 8 hours, ED Admit/Obs
[X]	Vital signs - per unit protocol	Routine, Per unit protocol, ED Admit/Obs

Activity

[ ]	Strict bed rest	Routine, Until discontinued, Starting S, ED Admit/Obs

[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: ED Admit/Obs	
[ ] Up with assistance	Routine, Every shift Specify: Up with assistance ED Admit/Obs	
[ ] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated ED Admit/Obs	

Activity- DO NOT SET DEFAULT IN USER SETS

[ ] Strict bed rest	Routine, Until discontinued, Starting S, ED Admit/Obs
[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: ED Admit/Obs
[ ] Up with assistance	Routine, Every shift Specify: Up with assistance ED Admit/Obs
[ ] Activity as tolerated	Routine, Until discontinued, Starting S Specify: ED Admit/Obs

Nursing

[ ] Telemetry	**"And" Linked Panel**
[ ] Telemetry monitoring	STAT, 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 ED Admit/Obs
[ ] Telemetry Additional Setup Information	STAT, 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 ED Admit/Obs
[X] Verify all prior to admission medications and call attending MD for reconcilliation	Routine, Until discontinued, Starting S, ED Admit/Obs
[ ] Daily weights	Routine, Daily, ED Admit/Obs
[ ] Intake and output	Routine, Every shift, ED Admit/Obs
[ ] Strict intake and output	Routine, Every hour, ED Admit/Obs
[ ] Insert and maintain Foley	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: ED Admit/Obs
[ ] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain ED Admit/Obs
[ ] Nasogastric tube insert and maintain	
[ ] Nasogastric tube insertion	Routine, Once Type: ED Admit/Obs

[ ] Nasogastric tube maintenance		Routine, Until discontinued, Starting S Tube Care Orders: ED Admit/Obs
[ ] Orogastric tube insert and maintain		
	[ ] Orogastric tube insertion	Routine, Once, ED Admit/Obs
	[ ] Orogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: ED Admit/Obs

Diet (Single Response)

( ) NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: ED Admit/Obs
( ) NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: ED Admit/Obs
( ) Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( ) Diet -No Caffeine prior to stress test	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Caffeine No Caffeine within 12hrs of stress test, ED Admit/Obs
( ) Diet- Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( ) Diet- Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( ) Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( ) Diet - Diabetic carb controlled	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs

Diet- DO NOT SET DEFAULT IN USER SETS (Single Response)

( )	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: ED Admit/Obs
( )	NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: ED Admit/Obs
( )	Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( )	Diet -No Caffeine prior to stress test	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Caffeine No Caffeine within 12hrs of stress test, ED Admit/Obs
( )	Diet- Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( )	Diet- Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( )	Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
( )	Diet - Diabetic Carb Controlled	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs

Non-TPA Stroke/TIA/Weakness/Neuro Orders

Non-TPA Stroke/TIA/Weakness/Neuro

[ ]	Neurological assessment	Routine, Every 2 hours Assessment to Perform: ED Admit/Obs
[ ]	Dysphagia screen	Routine, Once, ED Admit/Obs
[ ]	Lipid panel	AM draw For 1 Occurrences, ED Admit/Obs
[ ]	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S For 1 Occurrences, ED Admit/Obs
[ ]	US Carotid Doppler Bilateral	Routine, 1 time imaging For 1 Occurrences, ED Admit/Obs
[ ]	MRI Stroke Brain Wo Contrast	Routine, 1 time imaging For 1 Occurrences, ED Admit/Obs

[ ]	MRI Brain Wo Contrast	Routine, 1 time imaging For 1 , ED Admit/Obs
[ ]	MRA Neck Wo Contrast	Routine, 1 time imaging For 1 , ED Admit/Obs
[ ]	MRA Circle Of Willis	Routine, 1 time imaging For 1 , ED Admit/Obs
[ ]	CTA Head W Wo Contrast	Routine, 1 time imaging For 1 , ED Admit/Obs
[ ]	CTA Neck W Wo Contrast	Routine, 1 time imaging For 1 , ED Admit/Obs
[ ]	ED Consult Neurology	Reason for Consult? Consult Tracking:
[ ]	Consult to Speech Language Pathology	Routine, Once Reason for consult: For failed dysphagia or any speech problem, ED Admit/Obs
[ ]	Consult to PT eval and treat	Special Instructions: Weight Bearing Status:

ACS/Chest Pain/MI Orders

ACS/Chest Pain/MI

[ ]	Troponin	Every 3 hours For 3 Occurrences, ED Admit/Obs
[ ]	aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, ED Admit/Obs
[ ]	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, ED Admit/Obs
[ ]	Myocardial Perfusion Panel	**"And" Linked Panel**
	[ ] Myocardial perfusion	Routine, 1 time imaging NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access
	[ ] Cv exercise treadmill stress (no imaging)	Routine, Once
[ ]	ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: ED Admit/Obs
[ ]	ECG 12 lead - PRN	Routine, As needed Clinical Indications: Interpreting Physician: PRN chest pain, arrhythmia or change in patient status, ED Admit/Obs

Hypertension

[ ]	enalaprilat (VASOTEC) injection	1.25 mg, intravenous, once, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:
[ ]	hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:
[ ]	labetalol (TRANDATE) injection	20 mg, intravenous, once, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:
[ ]	cloNIDine HCl (CATAPRES) tablet	0.1 mg, oral, once, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, once, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:

Loop Diuretics (Single Response)

( )	furosemide (LASIX) injection	40 mg, intravenous, once, For 1 Doses, ED Admit/Obs
( )	furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous, ED Admit/Obs
( )	BUMETanide (BUMEX) injection	0.5 mg, intravenous, once, For 1 Doses, ED Admit/Obs

NON-Looped Diuretics

[ ]	spironolactone (ALDACTONE) tablet	25 mg, oral, once, For 1 Doses, ED Admit/Obs

[ ]	eplerenone (INSPRA) tablet	25 mg, oral, daily, For 1 Doses, ED Admit/Obs HOLD parameters for this order: Contact Physician if:
[ ]	metOLazone (ZAROXOLYN) tablet	5 mg, oral, once, For 1 Doses, ED Admit/Obs

IV Fluids

Maintenance IV Fluids (Single Response)

( )	sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, ED Admit/Obs
( )	dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, ED Admit/Obs

Medications

Heparin Pharmacy Consults

[ ]	Heparin protocol LOW dose (ACS/Stroke/Afib) - initiation bolus and infusion withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
[ ]	Heparin protocol STANDARD dose (DVT/PE) - initiation bolus and infusion with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa

General Pain Management for Opioid Naive Patients

PRN Mild Pain (Pain Score 1-3) (Single Response)
   (adjust dose for renal/liver function and age)

( )	acetaminophen (TYLENOL) tablet OR oral solution	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs 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 tolerate oral tablet.
( )	ibuprofen (MOTRIN) tablet OR oral solution	**"Or" Linked Panel**
	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	
[ ]	ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[ ]	ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
( )	naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min.	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min.

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) 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.
( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) 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.
( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources.   (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs 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.
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources.   (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs (Max Daily dose not to exceed 200 mg/day)

PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
  (adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), ED Admit/Obs
( )	morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
( )	HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
( )	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

PRN IV Medications for Moderate Pain (Pain Score 4-6) For Patients GREATER than 65 years old (Single Response)
  (adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), ED Admit/Obs
( )	morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
( )	HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
( )	ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days, ED Admit/Obs Do not use in patients with eGFR LESS than 30 mL/min.

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs
( ) HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs

Scheduled Pain Medications (Single Response)

( ) Scheduled Pain Medications - Mild Pain (Pain Score 1-3): For Patients GREATER than 65 years old (Single Response)	
(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response) Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day) Adjust dose for renal/liver function and age.	
( ) acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, ED Admit/Obs
( ) Scheduled Pain Medications - Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)	
(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response) Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day) Adjust dose for renal/liver function and age.	

( ) HYDROcodone-acetaminophen (LORTAB) 2.5-167 mg/5 mL solution	10 mL, oral, every 6 hours scheduled, ED Admit/Obs
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled, ED Admit/Obs
( ) traMADol (ULTRAM) tablet - If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.	25 mg, oral, every 6 hours scheduled, ED Admit/Obs If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.

( ) Scheduled Pain Medications - Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)
Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)
Adjust dose for renal/liver function and age.

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled, ED Admit/Obs
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours scheduled, ED Admit/Obs

Muscle Relaxers (Single Response)
(adjust dose for renal/liver function and age)

( ) methocarbamol (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms, ED Admit/Obs
( ) cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms, ED Admit/Obs
( ) tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms, ED Admit/Obs

Respiratory

[ ] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, ED Admit/Obs Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

Itching: For Patients LESS than 70 years old (Single Response)

( ) diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, ED Admit/Obs
( ) hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, ED Admit/Obs
( ) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs
( ) fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, ED Admit/Obs

Itching: For Patients between 70-76 years old (Single Response)

( ) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs

Itching: For Patients GREATER than 77 years old (Single Response)

( ) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is able to tolerate oral medication.

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, ED Admit/Obs 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	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) 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, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[ ] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[ ] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is able to tolerate oral medication.
[ ] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] 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, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[ ] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[ ] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is able to tolerate oral medication.
[ ] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ] 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, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Bowel Regimen: For Patients LESS than 65 years old

[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, ED Admit/Obs Hold for diarrhea.
[ ] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), ED Admit/Obs

Bowel Regimen: For Patients GREATER than 65 years old

[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, ED Admit/Obs Hold for diarrhea.
[ ] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), ED Admit/Obs
[ ] polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, If with persistent constipation., ED Admit/Obs

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients LESS than or EQUAL to 62 kg

[ ] methylnaltrexone (RELISTOR) injection - (For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)	8 mg, subcutaneous, every other day, ED Admit/Obs Hold for diarrhea.

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients GREATER than 62 kg
   Discontinue all laxatives prior to ordering and administering methylnaltrexone.

[ ] methylnaltrexone (RELISTOR) injection -(For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)	12 mg, subcutaneous, every other day, ED Admit/Obs Hold for diarrhea.

Labs

Laboratory

[ ] CBC with platelet and differential	AM draw For 1 Occurrences, ED Admit/Obs
[ ] Basic metabolic panel	AM draw For 1 Occurrences, ED Admit/Obs
[ ] Comprehensive metabolic panel	AM draw For 1 Occurrences, ED Admit/Obs
[ ] Hemoglobin & hematocrit	Now then every 4 hours For 3 Occurrences, ED Admit/Obs
[ ] Lipase level	AM draw For 1 Occurrences, ED Admit/Obs

Respiratory

Oxygenation

[ ] Pulse oximetry continuous	Routine, Continuous Current FIO2 or Room Air: ED Admit/Obs
[ ] Oxygen therapy - Nasal Cannula	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: ED Admit/Obs

Bronchodialators

[ ]	ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution	3 mL, nebulization, every 6 hours PRN, wheezing, ED Admit/Obs Aerosol Delivery Device:
[ ]	methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours, For 1 Doses, ED Admit/Obs
[ ]	predniSONE (DELTASONE) tablet	40 mg, oral, daily, For 1 Doses, ED Admit/Obs Give with food or snacks.

Education

[ ]	Tobacco cessation education	Routine, Once For 1 Occurrences, ED Admit/Obs

Consults

Additional Consults can be entered below in search field.

Ancillary Consults

[ ]	Consult to Social Work	Reason for Consult: ED Admit/Obs
[ ]	Consult PT eval and treat	Special Instructions: Weight Bearing Status:
[ ]	Consult to OT eval and treat	Special Instructions: Weight Bearing Status:
[ ]	Consult to Respiratory Therapy	Reason for Consult? ED Admit/Obs