

## General

## Nursing

## Vital Signs

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

<input type="checkbox"/> Pulse oximetry continuous	STAT, Continuous Current FIO2 or Room Air:
<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	STAT, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	STAT, Until discontinued, Starting S Orders: Maintain

## 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

## Cardiac

<input type="checkbox"/> nitroglycerin infusion	5-200 mcg/min, intravenous, continuous
<input type="checkbox"/> aspirin tablet	325 mg, oral, once, For 1 Doses If no contraindications
<input type="checkbox"/> aspirin tablet	325 mg, oral, daily If no contraindications
<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
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	600 mg, oral, once, For 1 Doses
<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, once, For 1 Doses
<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses
<input type="checkbox"/> nitroglycerin (NITROSTAT) 2 % ointment	1 inch, Topical, once, For 1 Doses

## Hypertension

<input type="checkbox"/> enalaprilat (VASOTEC) injection	1.25 mg, intravenous, 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:

<input type="checkbox"/> clonidine HCl (CATAPRES) tablet	0.1 mg, oral, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
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### Loop Diuretics (Single Response)

<input type="checkbox"/> furosemide (LASIX) 40 mg injection	40 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous
<input type="checkbox"/> bumetanide (BUMEX) 0.5 mg injection	0.5 mg, intravenous, once, For 1 Doses

### NON-Looped Diuretics

<input type="checkbox"/> spironolactone (ALDACTONE) tablet	25 mg, oral, once, For 1 Doses
<input type="checkbox"/> eplerenone (INSPRA) tablet	25 mg, oral, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> metolazone (ZAROXOLYN) tablet	5 mg, oral, once, For 1 Doses

### Antiarrhythmics

<input type="checkbox"/> adenosine (ADENOCARD) injection	6 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> digoxin (LANOXIN) injection	0.25 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> diltiazem (CARDIZEM) bolus from bag	20 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> diltiazem (CARDIZEM) infusion	2.5-15 mg/hr, intravenous, continuous

### Antipyretics

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, fever, For 1 Doses
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, once PRN, fever, For 1 Doses If can not tolerate oral, give rectal.

### Analgesia: Mild Pain (Pain Score 1-3)

<input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	400 mg, oral, once PRN, mild pain (score 1-3), For 1 Doses Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, once PRN, mild pain (score 1-3), For 1 Doses

### Analgesia: Moderate Pain (Pain Score 4-6)

<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	1 mg, intravenous, once PRN, moderate pain (score 4-6), For 1 Doses
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, once PRN, moderate pain (score 4-6), For 1 Doses
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), For 1 Doses

### 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.
<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.

### Respiratory

<input type="checkbox"/> ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution	3 mL, inhalation, every 15 min PRN, wheezing, For 3 Doses Aerosol Delivery Device:
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, intravenous, once, For 1 Doses

## Labs

### Labs

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> D-dimer	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"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Creatine kinase total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/> Troponin Series ACS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> B-type natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences

Blood gas, arterial STAT For 1 Occurrences

### Laboratory

CBC with platelet and differential STAT For 1 Occurrences  
 D-dimer STAT For 1 Occurrences  
 Prothrombin time panel I-Stat STAT For 1 Occurrences  
 Partial thromboplastin time STAT For 1 Occurrences  
 Comprehensive metabolic panel STAT For 1 Occurrences  
 Creatine kinase total (CPK) STAT For 1 Occurrences  
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 Lipase STAT For 1 Occurrences  
 B natriuretic pep, I-Stat STAT For 1 Occurrences  
 Digoxin level STAT For 1 Occurrences  
 Blood gas, arterial STAT For 1 Occurrences

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 B natriuretic peptide STAT For 1 Occurrences  
 Digoxin level STAT For 1 Occurrences  
 Blood gas, arterial STAT For 1 Occurrences

### Microbiology

Sputum culture Once, Sputum  
 Blood culture x 2 **"And" Linked Panel**  
 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.  
 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.

### Pregnancy Labs

hCG QUALitative, serum STAT For 1 Occurrences  
 hCG QUALitative, urine STAT For 1 Occurrences

## Cardiology

### ECG

ECG 12 lead STAT, Once  
Clinical Indications:  
Interpreting Physician:

## Imaging

### Imaging - CT

CT Head Wo Contrast STAT, 1 time imaging For 1 Occurrences

<input type="checkbox"/>	CT Angiogram Pe Chest	STAT, 1 time imaging, Starting S For 1 Occurrences PE Protocol
<input type="checkbox"/>	CTA Chest W Wo Contrast And Abdomen W Wo Contrast	STAT, 1 time imaging For 1 Occurrences Chest Abdomen Pelvis Aorta Protocol
<input type="checkbox"/>	CT Chest Wo Contrast	STAT, 1 time imaging For 1 Occurrences

### Imaging - X-Ray

<input type="checkbox"/>	Chest 2 Vw	STAT, 1 time imaging For 1 If patient ambulatory
<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging For 1 If patient non-ambulatory

## Other Studies

## Respiratory

### Respiratory Therapy

<input type="checkbox"/>	Oxygen therapy	Routine, Continuous Device 1: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Indications for O2 therapy: 2-6 L/min If oxygen Saturation < 94% to maintain > or = 94% Saturation
<input type="checkbox"/>	Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies:

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders