

General

Nursing

Vital Sign

	"And" Linked Panel
<input checked="" type="checkbox"/> Telemetry	
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: Notify attending if oxygen saturation is less than 92%

Activity

<input checked="" type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode
<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

Diet

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

<input type="checkbox"/> Diet - 2000 Kcal/225 gm Carbohydrate	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet- Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO effective midnight except meds and ice chips	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds, Except Ice chips Pre-Operative fasting options:
<input type="checkbox"/> NPO - except meds and ice chips	Diet effective now, Starting S NPO: Except Ice chips, Except meds Pre-Operative fasting options:

Labs

Labs- STAT

<input type="checkbox"/> Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Magnesium	STAT For 1 Occurrences
<input type="checkbox"/> T4, free	STAT For 1 Occurrences
<input type="checkbox"/> TSH	STAT For 1 Occurrences
<input type="checkbox"/> Troponin	STAT For 1 Occurrences
<input type="checkbox"/> Urine drugs of abuse screen	STAT For 1 Occurrences

IV Fluids

Electrolyte Replacement

Potassium Replacement

For potassium level less than 3.4

<input type="checkbox"/> oral potassium replacement - 40 mEq	"Or" Linked Panel
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	40 mEq, oral, once, For 1 Doses Recheck level 4 hours after dose and reapply orders if needed
<input type="checkbox"/> potassium chloride (KAYCIEL) 10 % solution	40 mEq, oral, once, For 1 Doses Recheck level 4 hours after dose and reapply orders if needed
<input type="checkbox"/> peripheral line IV - potassium 20 mEq	10 mEq, intravenous, for 60 Minutes, every 1 hour, For 2 Doses Total dose of 20 mEq; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> central line IV - potassium 20 mEq	20 mEq, intravenous, for 60 Minutes, once, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.

Magnesium Replacement

For magnesium level less than 2.0

<input type="checkbox"/> magnesium sulfate IV	2 g, intravenous, once, For 1 Doses
<input type="checkbox"/> magnesium oxide (MAG-OX) tablet	400 mg, oral, 2 times daily

Antiarrhythmic Medication

amIODarone (CORDArone) Continuous Infusion (Single Response)

Default infusion rate is 1 mg/min. Reduce dose to 0.5 mg/min for infusions longer than 6 hours, if appropriate.

() amIODarone (CORDArone) 150 mg BOLUS followed by Continuous Infusion	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, for 10 Minutes, once, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Administer over 10 minutes.
<input type="checkbox"/> amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.
() NO BOLUS - amIODarone (CORDArone) Continuous Infusion	1 mg/min, intravenous, continuous Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.

For Refractory Patients

<input type="checkbox"/> esmolol loading and maintenance	"Followed by" Linked Panel
<input type="checkbox"/> esmolol loading dose	500 mcg/kg, intravenous, for 1 Minutes, once, For 1 Doses
<input type="checkbox"/> esmolol (BREVIBLOC) maintenance infusion	50-200 mcg/kg/min, intravenous, titrated Adjust 50 mcg/kg/min every 5 minutes to keep heart rate 70-100 and systolic blood pressure greater than 100 millimeters of mercury. Range 0-200 mcg/kg/min. Wean to minimum required dose.

Anticoagulation

Cardiology Imaging

ECG

<input type="checkbox"/> ECG 12 lead	STAT, Once Clinical Indications: Interpreting Physician:
<input type="checkbox"/> ECG 12 lead tomorrow	Routine, Once, Starting S+1 For 1 Occurrences Clinical Indications: Interpreting Physician:
<input type="checkbox"/> ECG 12 lead if HR greater than 140	STAT, Conditional Frequency For 1 Occurrences Clinical Indications: Tachycardia Interpreting Physician: Conditional to be released for heart rate greater than 140. Notify Attending.

ECHO

<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
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X-ray

<input checked="" type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1
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Respiratory

Respiratory

Oxygen therapy

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: Hypoxemia

Consults

For additional Physician Consult orders use sidebar

Physician Consults

Consult Cardiology

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?

Consult Cardiology/Electrophysiology

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?

Ancillary Consults

CV pacemaker or icd interrogation

Routine, Once

Consent

Consent

Complete consent for

Routine, Once
Procedure:
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Additional Orders