

**General**

**Nursing**

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<input checked="" type="checkbox"/> Notify Physician for vitals:		<b><u>Defaults</u></b>	<b><u>Available Buttons</u></b>
	Priority:	<b>Routine</b>	
	Frequency:	<b>Until discontinued, Starting S</b>	[Until Discontinued] [Once]
	Temperature greater than:		
	Temperature less than:		
	Systolic BP greater than:		
	Systolic BP less than:	<b>90</b>	
	Diastolic BP greater than:		
	Diastolic BP less than:	<b>60</b>	
	MAP less than:		
	Heart rate greater than (BPM):	<b>110</b>	
	Heart rate less than (BPM):		
	Respiratory rate greater than:		
	Respiratory rate less than:		
SpO2 less than:			
Phase of Care:			

<input checked="" type="checkbox"/> Notify Physician for severe chills		<b><u>Defaults</u></b>	<b><u>Available Buttons</u></b>
	Priority:	<b>Routine</b>	
	Frequency:	<b>Until discontinued, Starting S</b>	[Until Discontinued] [Once]
	Comments:		
	Phase of Care:		

**IV Fluids**

**Medications**

**Premedications**

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet		<b><u>Defaults</u></b>	<b><u>Available Buttons</u></b>
	Dose:	<b>650 mg</b>	
	Route:	<b>oral</b>	[oral]
	Rate:		
	Duration:		
	Frequency:	<b>once</b>	
	Frequency Start:		
	Frequency Dose:	<b>For 1 Doses</b>	
	Phase of Care:		
	Administration instructions:	<b>Give 30 minutes PRIOR to Antithymocyte Globulin infusion.</b>	
Indications:		[toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]	

[X] Premedication: diphenhydramine (BENADRYL) tablet "Or" Linked Panel  
OR injection

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	<u>Defaults</u>	<u>Available Buttons</u>
Dose:	25 mg	[12.5 mg] [25 mg] [50 mg]
Route:	oral	[oral]
Rate:		
Duration:		
Frequency:	once	[Once] [Q6H] [Q4H PRN] [Q6H PRN] [Nightly PRN]
Frequency Start:		
Frequency Dose:	For 1 Doses	
Phase of Care:		
Administration instructions:	Give 30 minutes PRIOR to Antithymocyte Globulin infusion.	
Indications:		

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	<u>Defaults</u>	<u>Available Buttons</u>
Dose:	25 mg	
Route:	intravenous	[intravenous] [intramuscular]
Rate:		
Duration:		
Frequency:	once	
Frequency Start:		
Frequency Dose:	For 1 Doses	
Phase of Care:		
Administration instructions:	Give 30 minutes PRIOR to Antithymocyte Globulin infusion.	
Indications:		

[X] Premedications: Steroids (Single Response)

<input type="checkbox"/> methylPREDNISol one sodium succinate (Solu-MEDROL) injection	<u>Defaults</u>	<u>Available Buttons</u>
Dose:	40 mg	[40 mg] [62.5 mg] [80 mg] [125 mg]
Route:	intravenous	[intravenous]
Rate:		
Duration:		
Frequency:	once	[Q2H] [Q4H] [Q6H] [Q12H] [Q24H] [Daily]
Frequency Start:		
Frequency Dose:	For 1 Doses	
Phase of Care:		
Administration instructions:	Give 1 hour PRIOR to Antithymocyte Globulin infusion.	
Indications:		

	<u>Defaults</u>	<u>Available Buttons</u>	
() hydrocortisone sodium succinate (Solu-CORTEF) injection	Dose:		
	Route:	<b>intravenous</b>	
	Rate:		
	Duration:		
	Frequency:	<b>once</b>	[Once] [Daily] [Q6H SCH] [Q8H SCH] [Q12H SCH]
	Frequency Start:		
	Frequency Dose:	<b>For 1 Doses</b>	
	Phase of Care:		
	Administration instructions:	<b>Give 30 minutes PRIOR to Antithymocyte Globulin infusion.</b>	
	Indications:		

### Antithymocyte Globulin

	<u>Defaults</u>	<u>Available Buttons</u>	
[X] antithymocyte globulin (rabbit) (THYMOGLOBULIN) 1.5 mg/kg, HEParin (porcine) 2 Units/mL, hydrocortisone sodium succinate (PF) (Solu-CORTEF) 0.05 mg/mL in sodium chloride 0.9% 250 mL IVPB	Dose:	<b>1.5 mg/kg</b>	
	Route:	<b>intravenous</b>	
	Rate:		
	Duration:	<b>for 6 Hours</b>	[4 Hours] [6 Hours] [8 Hours]
	Frequency:	<b>once</b>	[Daily]
	Frequency Start:	<b>Starting H+30 Minutes</b>	
	Frequency Dose:	<b>For 1 Doses</b>	
	Phase of Care:		
	Administration instructions:		
	Indications:		

### Infusion Reaction Management

	<u>Defaults</u>	<u>Available Buttons</u>	
[X] hydrocortisone sodium succinate (Solu-CORTEF) injection	Dose:	<b>100 mg</b>	
	Route:	<b>intravenous</b>	
	Rate:		
	Duration:		
	Frequency:	<b>once PRN</b>	[Once] [Daily] [Q6H SCH] [Q8H SCH] [Q12H SCH]
	PRN comment:	<b>chills</b>	
	Frequency Start:		
	Frequency Dose:		
	Phase of Care:		
	Administration instructions:		
	Indications:		

[X] acetaminophen (TYLENOL) tablet		<b><u>Defaults</u></b>	<b><u>Available Buttons</u></b>
	Dose:	325 mg	
	Route:	oral	[oral]
	Rate:		
	Duration:		
	Frequency:	every 6 hours PRN	
	PRN comment:	fever, for Temperature GREATER than 100 F	[mild pain (score 1-3)] [moderate pain (score 4-6)] [headaches] [fever]
	Frequency Start:		
	Frequency Dose:		
	Phase of Care:		
	Administration instructions:		
	Indications:		[toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

## Labs

### Laboratory in AM

[X] CBC with platelet and differential		<b><u>Defaults</u></b>	<b><u>Available Buttons</u></b>
	Frequency:	AM draw For 1 Occurrences	[Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
	Comments:		
	Phase of Care:		

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders