

PERIPHERAL Line Antithymocyte (THYMOGLOBULIN) [4510]

General

Nursing

Nursing

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

IV Fluids

Medications

Premedication

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	Dose:	Defaults 650 mg	Available Buttons
	Route:	oral	[oral]
	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:	[toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]	

[X] Premedication: diphenhydramine (BENADRYL) tablet
OR injection

"Or" Linked Panel

[X] diphenhydramINE
(BENADRYL)
tablet

	Defaults	Available Buttons
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:		

[X] diphenhydramINE
(BENADRYL)
injection

	Defaults	Available Buttons
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] Premedication: Steroids (Single Response)

() methylPREDNISol
one sodium
succinate
(Solu-MEDROL)
injection

	Defaults	Available Buttons
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:		

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

Indications:

Antithymocyte Globulin

[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	Defaults		Available Buttons	
	Dose:	1.5 mg/kg	[0.75 mg/kg] [1.5 mg/kg]	
	Route:	intravenous	[intravenous]	
	Rate:			
	Duration:	for 6 Hours	[4 Hours] [6 Hours] [8 Hours]	
	Frequency:	once	[Daily]	
	Frequency Start:	Starting H+30 Minutes		
	Frequency Dose:	For 1 Doses		
	Phase of Care:			
	Administration instructions:			

Indications:

Infusion Reaction Management

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

Administration instructions:

Indications:

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	Defaults	Available Buttons
	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

<input checked="" type="checkbox"/> CBC with platelet and differential	Defaults	Available Buttons
	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