

General

Isolation

<input type="checkbox"/>	Airborne isolation status	
<input type="checkbox"/>	Airborne isolation status	Details
<input type="checkbox"/>	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
<input type="checkbox"/>	Contact isolation status	Details
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Enteric isolation status	Details

Precautions

<input type="checkbox"/>	Aspiration precautions	Details
<input type="checkbox"/>	Fall precautions	Increased observation level needed:
<input type="checkbox"/>	Latex precautions	Details
<input type="checkbox"/>	Seizure precautions	Increased observation level needed:

Nursing

Nursing Care

<input type="checkbox"/>	Insert feeding tube	Routine, Once
<input type="checkbox"/>	HOB 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees Twice daily
<input type="checkbox"/>	Nasogastric Tube Insert and Maintain	
<input type="checkbox"/>	Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/>	Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/>	Insert and Maintain Foley	
<input type="checkbox"/>	Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/>	Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/>	First Step Plus Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least one of 4-7: Special Instructions: Weight:

Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S
<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"/>	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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<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"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?

IV Fluids

IV Bolus (Single Response)

<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 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

Insert and Maintain IV (Single Response)

<input type="checkbox"/> Insert and Maintain IV - 10mL	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
<input type="checkbox"/> Insert and Maintain Peripheral IV - 3mL	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	3 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> IV site care	Routine, Per unit protocol
<input type="checkbox"/> sodium chloride 0.9 % flush	3 mL, intravenous, PRN

Medications

Antibiotics

<input type="checkbox"/> vancomycin (VANCOCIN) IV	intravenous Reason for Therapy:
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	intravenous Reason for Therapy:

<input type="checkbox"/>	linezolid (ZYVOX) IV	intravenous, for 60 Minutes, every 12 hours Reason for Therapy:
<input type="checkbox"/>	meropenem (MERREM) IV	intravenous Reason for Therapy:
<input type="checkbox"/>	cefepime (MAXIPIME) IV	intravenous Reason for Therapy:
<input type="checkbox"/>	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily Reason for Therapy:
<input type="checkbox"/>	metronidazole (FLAGYL) IV	intravenous Reason for Therapy:

Antihypertensives

<input type="checkbox"/>	metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	metoprolol (LOPRESSOR) injection	5 mg, intravenous HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	labetalol (TRANDATE) injection	intravenous, PRN, high blood pressure
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) injection	10 mg, intravenous HOLD parameters for this order: Contact Physician if:

Other Medications

<input type="checkbox"/>	furosemide (LASIX) injection	intravenous, once
<input type="checkbox"/>	hydrocortisone sodium succinate (Solu-CORTEF) injection	intravenous, every 6 hours
<input type="checkbox"/>	lactulose solution	oral, 3 times daily
<input type="checkbox"/>	omeprazole (PriLOSEC) oral suspension	oral, daily Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	polyethylene glycol (GLYCOLAX) packet	17 g, oral, daily
<input type="checkbox"/>	norepinephrine (LEVOPHED) injection	200 mcg, intravenous, once

PRN Pain Medications (Single Response)

<input type="checkbox"/>	fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/>	morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/>	hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

Pharmacy Consults

<input type="checkbox"/>	Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
<input type="checkbox"/>	Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:
<input type="checkbox"/>	Pharmacy consult to manage TPN therapy	STAT, Until discontinued, Starting S Enteral Nutrition: Indication: Location of venous access: Is patient volume restricted:

VTE

Labs

Labs

<input type="checkbox"/>	Lactic acid, plasma	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	CBC	Once
<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Blood gas, arterial	STAT For 1 Occurrences
<input type="checkbox"/>	Magnesium	Once
<input type="checkbox"/>	Phosphorus	Once
<input type="checkbox"/>	Ionized calcium	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Vancomycin, trough	Timed, Starting S
<input type="checkbox"/>	Vancomycin, peak	Once

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Sputum culture	Once, Sputum
<input type="checkbox"/>	Culture, Routine	Once

Cardiology

Cardiology

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	Echocardiogram 2d complete with contrast	Routine, 1 time imaging

Imaging

CT

<input type="checkbox"/>	CT Brain	
<input type="checkbox"/>	CT Head W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging For 1

X-Ray

<input type="checkbox"/>	US Guided Vascular Access	Routine, 1 time imaging For 1
<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging For 1
<input type="checkbox"/>	Abdomen 1 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	IR PICC Placement	Routine, 1 time imaging For 1

Other Studies

Respiratory

Respiratory

<input type="checkbox"/>	Incentive spirometry	Routine, Once
<input type="checkbox"/>	Suctioning	Routine, As needed Route:

Rehab

Consults

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Additional Orders