

Medications

Antibiotics

[] Gonorrhea (Single Response)

() cefTRIAxone (ROCEPHIN) 500 mg intraMUSCULAR -
For Patients LESS THAN or EQUAL to 150 kg (Single
Response)

() cefTRIAxone (ROCEPHIN)
intraMUSCULAR 500 mg, intramuscular, once, For 1 Doses
Reason for Therapy:
if (answer = Other)
Specify:
if (answer = Bacterial Infection Suspected)
Indication:
if (answer = Other)
Specify:
if (answer = Bacterial Infection Documented)
Indication:
if (answer = Other)
Specify:

() cefTRIAxone (ROCEPHIN) 1 g intraMUSCULAR - For
patients GREATER than 150 kg

[] cefTRIAxone (ROCEPHIN) 1 g
intraMUSCULAR - For Patients GREATER
than 150 kg 1 g, intramuscular, once, For 1 Doses
Reason for Therapy:
if (answer = Other)
Specify:
if (answer = Bacterial Infection Suspected)
Indication:
if (answer = Other)
Specify:
if (answer = Bacterial Infection Documented)
Indication:
if (answer = Other)
Specify:

() If Cephalosporin Allergy: gentamicin (GARAMYCIN) 240 mg intraMUSCULAR + azithromycin (ZITHROMAX) 2 g
intraMUSCULAR **"And" Linked Panel**

[] gentamicin (GARAMYCIN) injection 240 mg, intramuscular, once, For 1 Doses
[] azithromycin (ZITHROMAX) injection 2,000 mg, intramuscular, once, For 1 Doses
Reason for Therapy:
if (answer = Other)
Specify:
if (answer = Bacterial Infection Suspected)
Indication:
if (answer = Other)
Specify:
if (answer = Bone/Joint)
Recommendation:
if (answer = CNS)
Recommendation:
if (answer = ENT)
Recommendation:
if (answer = Respiratory Tract)
Recommendation:
if (answer = Sepsis)
Recommendation:
if (answer = SSTI)
Recommendation:
if (answer = Vascular)
Recommendation:
if (answer = TB/Mycobacterial)

Recommendation:
 if (answer = Nocardia)
 Recommendation:
 if (answer = Bacterial Infection Documented)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Bone/Joint)
 Recommendation:
 if (answer = CNS)
 Recommendation:
 if (answer = ENT)
 Recommendation:
 if (answer = Respiratory Tract)
 Recommendation:
 if (answer = Sepsis)
 Recommendation:
 if (answer = SSTI)
 Recommendation:
 if (answer = Vascular)
 Recommendation:
 if (answer = TB/Mycobacterial)
 Recommendation:
 if (answer = Nocardia)
 Recommendation:
 if (answer = Medical Prophylaxis)
 Medical Prophylaxis:
 if (answer = Surgical Prophylaxis)
 Surgical Prophylaxis:

[] Chlamydia (Single Response)

<p>() doxycycline (VIBRAMYCIN) oral dosage form</p>	<p>100 mg, oral, once, For 1 Doses Doxycycline (Vibramycin) oral dosage form - *Contraindicated in Pregnancy, *Requires 7 days of Treatment - ensure patient will adhere to regimen, alternate agent - azithromycin Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:</p>
<p>() If pregnant: azithromycin (ZITHROMAX) tablet</p>	<p>1,000 mg, oral, once, For 1 Doses Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bone/Joint) Recommendation: if (answer = CNS) Recommendation: if (answer = ENT) Recommendation: if (answer = Respiratory Tract) Recommendation: if (answer = Sepsis) Recommendation: if (answer = SSTI)</p>

Recommendation:
 if (answer = Vascular)
 Recommendation:
 if (answer = TB/Mycobacterial)
 Recommendation:
 if (answer = Nocardia)
 Recommendation:
 if (answer = Bacterial Infection Documented)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Bone/Joint)
 Recommendation:
 if (answer = CNS)
 Recommendation:
 if (answer = ENT)
 Recommendation:
 if (answer = Respiratory Tract)
 Recommendation:
 if (answer = Sepsis)
 Recommendation:
 if (answer = SSTI)
 Recommendation:
 if (answer = Vascular)
 Recommendation:
 if (answer = TB/Mycobacterial)
 Recommendation:
 if (answer = Nocardia)
 Recommendation:
 if (answer = Medical Prophylaxis)
 Medical Prophylaxis:
 if (answer = Surgical Prophylaxis)
 Surgical Prophylaxis:

Trichomoniasis

metroNIDAZOLE (FLAGYL) tablet 2,000 mg, oral, once, For 1 Doses
 Reason for Therapy:
 if (answer = Bacterial Infection Suspected)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Bacterial Infection Documented)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Other)
 Specify:

PRN Medications

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet 8 mg, oral, once, For 1 Doses

 fluconazole (DIFLUCAN) tablet 300 mg, oral, once, For 1 Doses
 Reason for Therapy:
 if (answer = Fungal Infection Suspected)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Fungal Infection Documented)
 Indication:
 if (answer = Other)
 Specify:
 if (answer = Other)
 Specify:

 acetaminophen (TYLENOL) tablet 15 mg/kg, oral, once, For 1 Doses
 ibuprofen (ADVIL, MOTRIN) tablet 400 mg, oral, once, For 1 Doses

<input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension	10 mg/kg, oral, once, For 1 Doses
<input type="checkbox"/> Tdap (ADACEL) injection	0.5 mL, intramuscular, once, For 1 Doses

Pregnancy Prevention Treatment

Prior to Medication Labs

<input type="checkbox"/> POC pregnancy, urine	Once For 1 Occurrences
<input type="checkbox"/> hCG qualitative, urine screen	Once For 1 Occurrences
<input type="checkbox"/> hCG qualitative, serum screen	Once For 1 Occurrences
<input type="checkbox"/> ulipristal (ELLA) tablet	30 mg, oral, once, For 1 Doses **Must Have Negative Pregnancy Test confirmed prior to administration

HIV Prophylaxis Treatment

HIV Labs

<input type="checkbox"/> HIV Ag/Ab combination	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Labs

<input type="checkbox"/> Rapid HIV 1 & 2	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Labs

<input type="checkbox"/> HIV 1, 2 antibody	Once For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences

HIV Prophylaxis Medications

<input type="checkbox"/> emtricitabine - tenofovir (TRUVADA) -AND- raltegravir (ISENTRESS)	"And" Linked Panel
<input type="checkbox"/> emtricitabine-tenofovir DF (TRUVADA) 200-300 mg per tablet	1 tablet, oral, daily Reason for Therapy: Medical Prophylaxis if (answer = Viral Infection Suspected) Indication: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:
<input type="checkbox"/> raltegravir (ISENTRESS) tablet	400 mg, oral, 2 times daily Reason for Therapy: Medical Prophylaxis if (answer = Viral Infection Suspected) Indication: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:

Hepatitis Prophylaxis Treatment

Hepatitis Labs

<input type="checkbox"/> Hepatitis B surface antibody	Once For 1 Occurrences
<input type="checkbox"/> Hepatitis C antibody	Once For 1 Occurrences

Hepatitis Prophylaxis Medications

<input type="checkbox"/> hepatitis B (ENGERIX-B) 20 mcg/mL vaccine	20 mcg, intramuscular, once, For 1 Doses * If over 20 years old give 20 mcg
<input type="checkbox"/> hepatitis B (RECOMBIVAX HB) 5 mcg/0.5 mL vaccine	5 mcg, intramuscular, once, For 1 Doses * If under 20 years old give 5 mcg/0.5mL

STD Testing

STD Labs

<input type="checkbox"/> Neisseria gonorrhoeae, TMA	STAT For 1 Occurrences Specimen Source:
<input type="checkbox"/> Chlamydia trachomatis, TMA	STAT For 1 Occurrences Specimen Source:
<input type="checkbox"/> Wet prep	Once For 1 Occurrences
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	STAT For 1 Occurrences
<input type="checkbox"/> Urine Culture and Urinalysis	"And" Linked Panel
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/> Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/> Urine drugs of abuse screen	Once For 1 Occurrences

STD Labs

<input type="checkbox"/> Chlamydia trachomatis, TMA	STAT For 1 Occurrences Specimen Source:
<input type="checkbox"/> Neisseria gonorrhoeae, TMA	STAT For 1 Occurrences Specimen Source:
<input type="checkbox"/> Wet prep	Once For 1 Occurrences
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	STAT For 1 Occurrences
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Urine drugs of abuse screen	Once For 1 Occurrences

Strangulation Victims

Imaging

<input type="checkbox"/> CT Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> CT Maxillofacial Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> XR Neck Soft Tissue	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences