

Nursing

Vital Signs

- Vital Signs every 4 Hrs Routine, Every 4 hours
- Vital signs every 8 Hrs Routine, Every 8 hours

Activity

- Bed rest with bathroom privileges Routine, Until discontinued, Starting S
Bathroom Privileges: with bathroom privileges
- Out of bed, Up with assistance Routine, Until discontinued, Starting S
Specify: Out of bed, Up with assistance

Nursing

- Telemetry **"And" Linked Panel**
- 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
- 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
- Neurological assessment every 4 Hrs Routine, Every 4 hours
Assessment to Perform:
- Toileting - bedside commode Routine, Until discontinued, Starting S
Specify: Bedside commode
Additional modifier:
- Request for Central Supply Equipment - Walker Routine, Once
Equipment Requested: Regular Walker With Wheels
Special Instructions:
- Height and weight on admission Routine, Once For 1 Occurrences
On admission.
- OK to draw all ordered labs during plasma exchange Routine, Until discontinued, Starting S
If patient is receiving plasma exchange therapy, ok to draw all ordered labs during plasma exchange process.
- Notify**
- Notify Physician: If patient has: Shortness of Breath, Difficulty with secretion, Forced Vital Capacity less than 15 milliliters per kilogram, Negative Inspiratory Force less than -25 centimeters H2O Routine, Until discontinued, Starting S, If patient has: Shortness of Breath, Difficulty with secretion, Forced Vital Capacity less than 15 milliliters per kilogram, Negative Inspiratory Force less than -25 centimeters H2O

<input type="checkbox"/> Notify Physician for HR greater than 110 bpm	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: 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:
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid:
<input type="checkbox"/> Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

Medications

Medications

<input type="checkbox"/> pyridostigmine (MESTINON) CR tablet	180 mg, oral, nightly
<input type="checkbox"/> pyridostigmine (MESTINON) tablet	60 mg, oral, every 8 hours scheduled

Immunosuppressants

<input type="checkbox"/> azaTHIOprine (IMURAN) tablet	oral, every 12 hours scheduled
<input type="checkbox"/> cycloSPORINE modified (NEORAL) capsule	oral, 2 times daily at 0600, 1800 (TIME CRITICAL)
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) IV	40 mg, intravenous
<input type="checkbox"/> mycophenolate (CELLCEPT) tablet	oral, 2 times daily at 0600, 1800 (TIME CRITICAL)
<input type="checkbox"/> predniSONE (DELTASONE) tablet	oral, daily

Medications - IVIG (Single Response)

() IVIG (Immune Globulin 10%) 400 mg/kg x5 doses with common predmedication orders	"And" Linked Panel
<input type="checkbox"/> diphenhydrAMINE (SOMINEX) tablet	25 mg, oral, every 24 hours, For 5 Doses Administer prior to IVIG administration.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 24 hours, For 5 Doses Administer prior to IVIG administration.
<input type="checkbox"/> Immune Globulin (IGG) 10% IV	0.4 g/kg, intravenous, every 24 hours, Starting H+30 Minutes, For 5 Doses Indications:
() IVIG (Immune Globulin 10%) 500 mg/kg x4 doses with common predmedication orders	"And" Linked Panel
<input type="checkbox"/> diphenhydrAMINE (SOMINEX) tablet	25 mg, oral, every 24 hours, For 4 Doses Administer prior to IVIG administration.

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 24 hours, For 4 Doses Administer prior to IVIG administration.
<input type="checkbox"/> Immune Globulin (IGG) 10% IV	0.5 g/kg, intravenous, every 24 hours, Starting H+30 Minutes, For 4 Doses Indications:

Labs

Labs Today

<input type="checkbox"/> CBC and differential	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Sedimentation rate	Once
<input type="checkbox"/> ANA	Once
<input type="checkbox"/> Hemoglobin A1c	Once
<input checked="" type="checkbox"/> Immunoglobulin A	Once
<input type="checkbox"/> T3	Once
<input type="checkbox"/> T3, free	Once
<input type="checkbox"/> T4	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> Acetylcholine receptor, binding	Once
<input type="checkbox"/> AChR Abs, titin Ab, STM Abs, rfx panel	Once
<input type="checkbox"/> Thyroxine binding globulin	Once
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once

Specimen Source: Urine
Specimen Site:

Cardiology

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
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Imaging

CT

<input type="checkbox"/> CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Chest W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

X-Ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
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Respiratory

Respiratory Therapy

<input type="checkbox"/> Oxygen therapy - Nasal cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3:
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<input type="checkbox"/> Vital capacity	STAT, Once For 1 Occurrences Forced Vital Capacity. Record in chart. If poor oral seal please use face mask.
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 6 hours while awake
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 8 hours
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 12 hours
<input type="checkbox"/> Negative inspiratory force	STAT, Once For 1 Occurrences Record in chart.
<input type="checkbox"/> Negative inspiratory force	Routine, Respiratory Therapy - every 6 hours while awake
<input type="checkbox"/> Negative inspiratory force	Routine, Respiratory Therapy - every 8 hours
<input type="checkbox"/> Mechanical ventilation - NPPV	Routine Mechanical Ventilation: Non-Invasive Inspiratory Pressure (cm H2O): PEEP (cm H2O): % O2 (%): Pressure Support (cm H2O): VT - Tidal Volume (mL): Vent Management Strategies: Non-Invasive Positive Pressure Ventilation Empiric Trial for {Condition:21144}.

Consults

For Physician Consult orders use sidebar

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 Teat	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 for bedside swallow exam	Routine, Once Reason for SLP? Bedside swallow exam
<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?