

## Nursing

## Vital Signs (Single Response)

- |  |   |
|--|---|
| <input type="checkbox"/> Vital Signs Q4H | Routine, Every 4 hours<br>Include pulse oximetry.                     |
| <input type="checkbox"/> Vital signs Q2H | Routine, Every 2 hours For 999 Occurrences<br>Include pulse oximetry. |

## Activity

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Strict bed rest                | Routine, Until discontinued, Starting S  |
| <input type="checkbox"/> Activity - out of bed; up with assistance | Routine, Until discontinued, Starting S<br>Specify: Out of bed, Up with assistance |

## Nursing

- |   |  |
|---|--|
| <input type="checkbox"/> Telemetry                              | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Telemetry monitoring                   | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)<br>Reason for telemetry:<br>Can be off of Telemetry for tests and baths? Yes   |
| <input type="checkbox"/> Telemetry Additional Setup Information | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94 |
| <input type="checkbox"/> Neurological assessment                | Routine, Every 4 hours<br>Assessment to Perform:   |
| <input type="checkbox"/> Peripheral vascular assessment         | Routine, Every 4 hours   |
| <input type="checkbox"/> Pulse oximetry check                   | Routine, Daily<br>Current FIO2 or Room Air:<br>With vital signs.   |
| <input type="checkbox"/> Insert and maintain Foley              |  |
| <input type="checkbox"/> Insert Foley catheter                  | Routine, Once<br>Type:<br>Size:<br>Urinator needed:  |
| <input type="checkbox"/> Foley Catheter Care                    | Routine, Until discontinued, Starting S<br>Orders: Maintain  |
| <input checked="" type="checkbox"/> Seizure precautions         | Increased observation level needed:  |

## Consent

- |   |   |
|---|---|
| <input type="checkbox"/> Complete consent for | Routine, Once<br>Procedure:<br>Diagnosis/Condition:<br>Physician:<br>Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? |
|---|---|

## IV Fluids

## IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous

#### IV Fluids with Potassium (Single Response)

<input type="checkbox"/> dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, at 100 mL/hr, continuous
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous

#### Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

## Medications

#### IV Medications (Single Response)

<input type="checkbox"/> thiamine (B-1) injection	100 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> dextrose 50% injection	25 g, intravenous, PRN, low blood sugar, FSBG Value less than 60 mg per dL Repeat 25mL 50% dextrose IV every 15 minutes until FSBG is greater than 80 mg per dL

#### Initial Control

<input type="checkbox"/> Benzodiazepines	
<input type="checkbox"/> LORAZepam (ATIVAN) injection	4 mg, intravenous, once, For 1 Doses repeat 4mg x if not controlled within 5 min Indication(s):
<input type="checkbox"/> LORAZepam (ATIVAN) injection	1 mg, intravenous, every 15 min PRN, seizures Indication(s):

#### Loading and Maintenance Doses (IV) (Single Response)

##### Fosphenytoin (Single Response)

##### Loading Dose Once Followed by Every 8 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 8 Hour Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
<input type="checkbox"/> Phenytoin level	AM draw repeats
<input type="checkbox"/> Free phenytoin level	AM draw repeats

##### Loading Dose Once Followed by Every 12 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 12 Hour Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
<input type="checkbox"/> Phenytoin level	AM draw repeats
<input type="checkbox"/> Free phenytoin level	AM draw repeats

##### Loading Dose Once Followed by Every 24 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 24 hours Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses

<input type="checkbox"/>	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
<input type="checkbox"/>	Phenytoin level	AM draw repeats
<input type="checkbox"/>	Free phenytoin level	AM draw repeats
<b>( ) Phenytoin</b>		
<input type="checkbox"/>	Phenytoin level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Free phenytoin level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	phenytoin (DILANTIN) (Single Response) (Selection Required)	
<b>( ) Loading and Maintenance doses</b>		<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	phenytoin (DILANTIN) IVPB Loading Dose	intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/>	phenytoin (DILANTIN) IVPB	intravenous Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<b>( ) Maintenance Doses Only</b>		
<input type="checkbox"/>	phenytoin (DILANTIN) IVPB	intravenous, every 8 hours, Starting H+8 Hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/>	sodium chloride 0.9% flush	10 mL, intravenous, every 8 hours PRN, line care For flushing of extension tubing sets after PHENYTOIN administration. Program to run at the same infusion rate as medication given.
<b>( ) Valproic Acid</b>		
<input type="checkbox"/>	Loading Dose Once Followed by Every 6 Hour Maintenance	
<input type="checkbox"/>	Loading Dose Once Followed by Every 6 Hour Maintenance <b>"Followed by" Linked Panel</b>	
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL infusion	15 mg/kg/day, intravenous, once, For 1 Doses
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL maintenance infusion	intravenous, every 6 hours, Starting H+6 Hours
<input type="checkbox"/>	Valproic acid level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Loading Dose Once Followed by Every 8 Hour Maintenance	
<input type="checkbox"/>	Loading Dose Once Followed by Every 8 Hour Maintenance <b>"Followed by" Linked Panel</b>	
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL infusion	15 mg/kg/day, intravenous, once, For 1 Doses
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL maintenance infusion	intravenous, every 8 hours, Starting H+8 Hours
<input type="checkbox"/>	Valproic acid level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Loading Dose Once Followed by Every 12 Hour Maintenance	
<input type="checkbox"/>	Loading Dose Once Followed by Every 12 Hour Maintenance <b>"Followed by" Linked Panel</b>	
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL infusion	15 mg/kg/day, intravenous, once, For 1 Doses
<input type="checkbox"/>	valproate (DEPAICON) in dextrose 5% 50 mL maintenance infusion	intravenous, every 12 hours, Starting H+12 Hours
<input type="checkbox"/>	Valproic acid level	AM draw repeats For 3 Occurrences
<b>( ) Lacosamide</b>		
<input type="checkbox"/>	<b>"Followed by" Linked Panel</b>	
<input type="checkbox"/>	lacosamide (VIMPAT) in sodium chloride 0.9% 50 mL IVPB	400 mg, intravenous, for 60 Minutes, once, For 1 Doses
<input type="checkbox"/>	lacosamide (VIMPAT) in sodium chloride 0.9% 50 mL IVPB	intravenous, for 60 Minutes, every 12 hours

## Labs

### Labs Today

<input type="checkbox"/>	Carbamazepine level, total	Once
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<input type="checkbox"/>	Diazepam & nordiazepam levels	Once
<input type="checkbox"/>	Gabapentin level	Once
<input type="checkbox"/>	Lamotrigine level	Once
<input type="checkbox"/>	Levetiracetam level	Once
<input type="checkbox"/>	Oxcarbazepine level	Once
<input type="checkbox"/>	Phenobarbital level	Once
<input type="checkbox"/>	Phenytoin level, total	Once
<input type="checkbox"/>	Phenytoin level, free	Once
<input type="checkbox"/>	Valproic acid level, total	Once

## Imaging

### Diagnostic MRI/MRA

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

### CT

<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
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## Other Studies

### Other Diagnostic Studies

<input type="checkbox"/>	EEG (routine)	Routine, Once Clinical Indication: Seizure Testing Location: Testing Duration: Record Video? Spike Detection?
<input type="checkbox"/>	Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Seizure Testing Location: At Bedside (Patients Room) Testing Duration: Record Video? Yes

## Respiratory

### Respiratory Therapy

<input type="checkbox"/>	Oxygen therapy- Nasal Cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
<input type="checkbox"/>	Vital capacity only	Routine, Once
<input type="checkbox"/>	Negative inspiratory force	Routine, Once

## Consults

For Physician Consult orders use sidebar

### Consults

<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?

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: