

## ED Admission Module

### General

#### Bed Request (Selection Required)

Contains ED patient movement orders

#### ☐ ED Bed Request - Admit

##### Questions:

Diagnosis:

If HM ORD LQL PATIENT LOCATION IS NOT AN HMH HOSPITAL is satisfied:

Handoff given to Admitting Physician:

If HM ORD LQL PATIENT LOCATION IS HMH HOSPITAL is satisfied:

Handoff given to Admitting Physician:

Planned patient class: [ Observation ] **[ Inpatient ]** [ Psych ]

Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ] [ Level 1 Nursery ]

##### Possible Cascading Questions:

If (answer is Inpatient):

Level of Care:

If HM ORD NOT MCH ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: [ UTS ] [ MCH ] [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

If HM ORD MCH ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: [ UTS ] **[ MCH ]** [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

If HM ORD UTS ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: **[ UTS ]** [ MCH ] [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

Bed request comments:

#### ☐ ED Bed Request - Obs

##### Questions:

Diagnosis:

If HM ORD LQL PATIENT LOCATION IS NOT AN HMH HOSPITAL is satisfied:

Handoff given to Admitting Physician:

If HM ORD LQL PATIENT LOCATION IS HMH HOSPITAL is satisfied:

Handoff given to Admitting Physician:

Planned patient class: **[ Observation ]** [ Inpatient ] [ Psych ]

##### Possible Cascading Questions:

If (answer is Inpatient):

Level of Care:

If HM ORD NOT MCH ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: [ UTS ] [ MCH ] [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

If HM ORD MCH ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: [ UTS ] **[ MCH ]** [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

If HM ORD UTS ED BED REQUEST ADDITIONAL INFO is satisfied:

Additional Info: **[ UTS ]** [ MCH ] [ LVAD ] [ Surgery ] [ Medicine ] [ ED Obs unit ]

Bed request comments:

### Code Status

@CERMSGREFRESHOPT(674511:21703,,,1)@

#### ☐ Full code

ED Admit/Obs

Process Instructions:

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

##### Questions:

Code Status decision reached by: [ Patient ] [ Patient by means of Directive ] [ Legal Surrogate ]

##### Possible Cascading Questions:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):  
A Biomedical Ethics Consult is recommended.  
I will consult with a second physician, listed below, to co-sign this order.  
If (answer is 5. Nearest living relative (specify)):  
Nearest living relative:

☐ DNR (Do Not Resuscitate) (Selection Required)

☒ DNR (Do Not Resuscitate)

ED Admit/Obs

Process Instructions:

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Questions:

If HM ORD INTERPRETER NEEDED YES is satisfied:

Did the patient/surrogate require the use of an interpreter? [ Yes ] [ No ]

If HM ORD INTERPRETER NEEDED NO OR NOT ANSWERED is satisfied:

Did the patient/surrogate require the use of an interpreter? [ Yes ] [ No ]

Does patient have decision-making capacity? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is No):

Code Status decision reached by:

If (answer is Patient by means of Oral Directive):

Witness 1 Name:

Witness 2 Name:

If (answer is No):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

If (answer is No):

Code Status decision reached by:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 2. Spouse) Or (answer is 3. Adult Child/Children) Or (answer is 4. Parent(s)) Or (answer is 1. Legal Guardian or Agent):

Concurring Physician (Optional):

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Concurring Physician (Optional):

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☐ Consult to Palliative Care Service (Selection Required)

☒ Consult to Palliative Care Service

Order comments:

Questions:

Priority: ☐ 24 Hrs. ☐ Same Day ☐ ASAP

Reason for Consult? ☐ Assistance with advance directives ☐ Assistance with clarification of goals of care ☐ Assistance with withdrawal of life prolonging interventions ☐ Hospice discussion ☐ Facilitation of Family Care Conference ☐ Pain ☐ Psychosocial support ☐ Symptom management ☐ End of Life Care Discussion ☐ Introductions/Established Care ☐ Other

Possible Cascading Questions:

If (answer is Other):

Specify:

Order? ☐ Make recommendations only ☐ Make recommendations and write orders

Name of referring provider:

Enter call back number:

---

☐ Consult to Social Work

ED Admit/Obs

Priority: **☒ Routine** ☐ STAT

Order comments:

Questions:

Reason for Consult: ☐ Adoption ☐ Chemical Dependency ☐ Deaf ☐ Discharge Planning ☐ Fetal Demise ☐ Discharge Placement ☐ Hospice Referral ☐ SNF ☐ Suspected Abuse ☐ Suspected Domestic Violence ☐ Teen Pregnancy ☐ Human Trafficking ☐ Dialysis Placement ☐ SDOH ☐ Other Specify

Possible Cascading Questions:

If (answer is Other Specify):

Specify:

If (answer is Hospice Referral):

Evaluate for:

If (answer is SDOH):

Specify for SDOH:

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☐ Modified Code

ED Admit/Obs

Process Instructions:

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Questions:

If HM ORD INTERPRETER NEEDED NO OR NOT ANSWERED is satisfied:

Did the patient/surrogate require the use of an interpreter? ☐ Yes ☐ No

If HM ORD INTERPRETER NEEDED YES is satisfied:

Did the patient/surrogate require the use of an interpreter? ☐ Yes ☐ No

Does patient have decision-making capacity? ☐ Yes ☐ No

Possible Cascading Questions:

If (answer is Yes):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is No):

Code Status decision reached by:

If (answer is Patient by means of Oral Directive):

Witness 1 Name:

Witness 2 Name:

If (answer is No):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

If (answer is No):

Code Status decision reached by:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 2. Spouse) Or (answer is 3. Adult Child/Children) Or (answer is 4. Parent(s)) Or (answer is 1. Legal Guardian or Agent):

Concurring Physician (Optional):

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Concurring Physician (Optional):

Modified Code restrictions: [ No Intubation ] [ No Chest Compressions ] [ No Electrical Shocks ] [ No Resuscitative Drugs ]

## [ ] Treatment Restrictions

ED Admit/Obs

Process Instructions:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

#### Questions:

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. [ Yes ]

Treatment Restriction decision reached by: [ Patient ] [ Patient by means of Directive ] [ Legal Surrogate ]

#### Possible Cascading Questions:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Specify Treatment Restrictions: [ No Intubation and mechanical ventilation ] [ No Re-intubation ] [ No Non-invasive ventilation ] [ No Electrical shock/cardioversion ] [ No Pacemaker ] [ No Pressors/Inotropes/Chronotropes ] [ No Increases in Pressors/Inotropes/Chronotropes ] [ No Invasive hemodynamic monitoring ] [ No Dialysis ] [ No Antibiotics ] [ No Infusion of blood products ] [ No Intravenous fluids ] [ No Artificial nutrition/artificial hydration ] [ No Intensive care unit ] [ Other Treatment Restrictions ]

#### Possible Cascading Questions:

If (answer is Other Treatment Restrictions):

Specify Other Treatment Restrictions:

#### Isolation

##### ☐ Airborne isolation status (Selection Required)

##### ☒ Airborne isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

##### ☐ Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Once , ED Admit/Obs

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ Timed ]

Specimen Type:

Specimen Source:

Order comments:

##### ☐ Contact isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

##### ☐ Droplet isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

##### ☐ Enteric isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

#### Precautions

##### ☐ Aspiration precautions

ED Admit/Obs

Priority: [ Routine ] [ STAT ]

Order comments:

##### ☐ Fall precautions

ED Admit/Obs

Priority: [ Routine ] [ STAT ]

Order comments:

Questions:

Increased observation level needed: [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Level:

For:

Time:

☐ Latex precautions

ED Admit/Obs

Priority: **Routine** [ STAT ]

Order comments:

☐ Seizure precautions

ED Admit/Obs

Priority: **Routine** [ STAT ]

Order comments:

Questions:

Increased observation level needed: [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Level:

For:

Time:

Common Present on Admission Diagnosis

☐ Acidosis

Scheduling/ADT

☐ Acute Post-Hemorrhagic Anemia

Scheduling/ADT

☐ Acute Renal Failure

Scheduling/ADT

☐ Acute Respiratory Failure

Scheduling/ADT

☐ Acute Thromboembolism of Deep Veins of Lower Extremities

Scheduling/ADT

☐ Anemia

Scheduling/ADT

☐ Bacteremia

Scheduling/ADT

☐ Bipolar disorder, unspecified

Scheduling/ADT

☐ Cardiac Arrest

Scheduling/ADT

☐ Cardiac Dysrhythmia

Scheduling/ADT

☐ Cardiogenic Shock

Scheduling/ADT

☐ Decubitus Ulcer

Scheduling/ADT

☐ Dementia in Conditions Classified Elsewhere

Scheduling/ADT

☐ Disorder of Liver

Scheduling/ADT

☐ [Electrolyte and Fluid Disorder](#)

Scheduling/ADT

☐ [Intestinal Infection due to Clostridium Difficile](#)

Scheduling/ADT

☐ [Methicillin Resistant Staphylococcus Aureus Infection](#)

Scheduling/ADT

☐ [Obstructive Chronic Bronchitis with Exacerbation](#)

Scheduling/ADT

☐ [Other Alteration of Consciousness](#)

Scheduling/ADT

☐ [Other and Unspecified Coagulation Defects](#)

Scheduling/ADT

☐ [Other Pulmonary Embolism and Infarction](#)

Scheduling/ADT

☐ [Phlebitis and Thrombophlebitis](#)

Scheduling/ADT

☐ [Protein-calorie Malnutrition](#)

Scheduling/ADT

☐ [Psychosis, unspecified psychosis type](#)

Scheduling/ADT

☐ [Schizophrenia Disorder](#)

Scheduling/ADT

☐ [Sepsis](#)

Scheduling/ADT

☐ [Septic Shock](#)

Scheduling/ADT

☐ [Septicemia](#)

Scheduling/ADT

☐ [Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled](#)

Scheduling/ADT

☐ [Urinary Tract Infection, Site Not Specified](#)

Scheduling/ADT

[Nursing](#)

[Vital Signs \(Selection Required\)](#)

☐ [Vital signs - every 2 hours](#)

Routine, Q2H , ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: [ Q1H ] **[ Q2H ]** [ Q4H ] [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☐ [Vital signs - every 4 hours](#)

Routine, Q4H , ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: [ Q1H ] [ Q2H ] **[ Q4H ]** [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☐ [Vital signs - every 8 hours](#)

Routine, Q8H , ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Q8H ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☒ Vital signs - per unit protocol

Routine, Per Unit Protocol , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: [ Q1H ] [ Q2H ] [ Q4H ] **Per Unit Protocol**

Order comments:

Scheduling Instructions:

Vital signs- DO NOT SET DEFAULT IN USER SETS

☐ Vital signs - every 2 hours

Routine, Q2H , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: [ Q1H ] **Q2H** [ Q4H ] [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☐ Vital signs - every 4 hours

Routine, Q4H , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: [ Q1H ] [ Q2H ] **Q4H** [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☐ Vital signs - every 8 hours

Routine, Q8H , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: **Q8H** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]

Order comments:

Scheduling Instructions:

☒ Vital signs - per unit protocol

Routine, Per Unit Protocol , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: [ Q1H ] [ Q2H ] [ Q4H ] **Per Unit Protocol**

Order comments:

Scheduling Instructions:

Activity

☐ Strict bed rest

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs

Priority: **Routine**

Frequency: **Until Discontinued** [ Q Shift ] [ Daily ]

Starting: Today, At: N

Order comments:

Scheduling Instructions:

☐ Bed rest with bathroom privileges

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs

Priority: **Routine**

Frequency: **Until Discontinued** [ Q Shift ] [ Daily ]

Starting: Today, At: N

Order comments:

Scheduling Instructions:

Questions:

Bathroom Privileges: [ with bathroom privileges ] [ with bedside commode ]

☐ Up with assistance

Routine, Q Shift, Specify: Up with assistance, ED Admit/Obs

Priority: **Routine**

Frequency: [ Until Discontinued ] **Q Shift** [ Daily ]

Order comments:

Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] **Up with assistance** [ Other activity (specify) ]

Possible Cascading Questions:

If (answer is Up in chair):

Additional modifier:

If (answer is Other activity (specify)):



Other:

[ ] Activity as tolerated

Routine, Until Discontinued, Starting Today, At: N, Specify: Activity as tolerated, ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

Questions:

Specify: **[ Activity as tolerated ]** [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] [ Other activity (specify) ]

Possible Cascading Questions:

If (answer is Up in chair):  
Additional modifier:  
If (answer is Other activity (specify)):  
Other:

Activity- DO NOT SET DEFAULT IN USER SETS

[ ] Strict bed rest

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

[ ] Bed rest with bathroom privileges

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

Questions:

Bathroom Privileges: [ with bathroom privileges ] [ with bedside commode ]

[ ] Up with assistance

Routine, Q Shift, Specify: Up with assistance, ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: [ Until Discontinued ] **[ Q Shift ]** [ Daily ]  
Order comments:  
Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] **[ Up with assistance ]** [ Other activity (specify) ]

Possible Cascading Questions:

If (answer is Up in chair):  
Additional modifier:  
If (answer is Other activity (specify)):  
Other:

[ ] Activity as tolerated

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] [ Other activity (specify) ]

Possible Cascading Questions:

If (answer is Up in chair):  
Additional modifier:

If (answer is Other activity (specify)):  
Other:

## Nursing

### ☒ Verify all prior to admission medications and call attending MD for reconciliation

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: [ Once ] **[ Until Discontinued ]**  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

### ☐ Daily weights

Routine, Daily , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Daily ]**  
Order comments:  
Scheduling Instructions:

### ☐ Intake and output

Routine, Q Shift , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: [ Once ] [ Q3H ] [ Q4H ] **[ Q Shift ]** [ Daily ]  
Order comments:  
Scheduling Instructions:

### ☐ Strict intake and output

Routine, Q1H , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Q1H ]** [ Q4H ] [ Q8H ]  
Order comments:  
Scheduling Instructions:

### ☐ Insert and maintain Foley (Selection Required)

#### ☒ Insert Foley catheter

Routine, Once , Foley catheter may be removed per nursing protocol., ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Order comments: Foley catheter may be removed per nursing protocol.  
Scheduling Instructions:

#### Questions:

Type: [ 2 Way ] [ 3 Way ] [ Coude ] [ Temperature Sensing ]  
Size: [ 14 French ] [ 16 French ] [ 18 French ]  
Urinometer needed: [ Yes ] [ No ]  
Indication: [ Comfort ] [ Hemodynamic Monitoring ] [ Obstruction ] [ Retention ] [ Urologic ] [ Surgery ]

#### ☒ Foley Catheter Care

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Until Discontinued ]** [ Daily ]  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

#### Questions:

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] **[ Maintain ]** [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

### ☐ Nasogastric tube insert and maintain

#### ☒ Nasogastric tube insertion

Routine, Once , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]**  
Order comments:  
Scheduling Instructions:

#### Questions:

Type: [ Salem Sump ] [ Dobhoff ] [ Other ]

Possible Cascading Questions:

If (answer is Other):  
Other:

☒ Nasogastric tube maintenance

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: [ Once ] **[ Until Discontinued ]**  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

Questions:

Tube Care Orders: [ To Low Intermittent Suction ] [ To Continuous Suction ] [ To Gravity ] [ Clamp ] [ Flush Every 8 Hours ]

☐ Orogastric tube insert and maintain

☒ Orogastric tube insertion

Routine, Once , ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]**  
Order comments:  
Scheduling Instructions:

☒ Orogastric tube maintenance

Routine, Until Discontinued, Starting Today, At: N , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Until Discontinued ]**  
Starting: Today, At: N  
Order comments:  
Scheduling Instructions:

Questions:

Tube Care Orders: [ To Low Intermittent Suction ] [ To Continuous Suction ] [ To Gravity ] [ Clamp ] [ Flush Every 8 Hours ]

Diet (Selection Required)

☐ NPO

Effective Now, Starting Today, At: N, An NPO order without explicit exceptions means nothing can be given orally to the patient., ED Admit/Obs  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.  
Frequency: [ Effective Midnight ] **[ Effective Now ]** [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]  
Starting: Today, At: N  
Order comments:

Questions:

NPO: [ Except meds ] [ Except Ice chips ] [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

Possible Cascading Questions:

If (answer is Other):  
Specify:

☐ NPO after midnight

Effective Midnight, Starting Tomorrow, At: 0001, An NPO order without explicit exceptions means nothing can be given orally to the patient., ED Admit/Obs  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.  
Frequency: **[ Effective Midnight ]** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]  
Starting: Tomorrow, At: 0001  
Order comments:

Questions:

NPO: [ Except meds ] [ Except Ice chips ] [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

Possible Cascading Questions:

If (answer is Other):  
Specify:

#### ( ) Diet- Regular

Effective Now, Starting Today, At: N, Diet(s): Regular, ED Admit/Obs

Frequency: **Effective Now** [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

#### Questions:

Diet(s): **Regular** [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet -No Caffeine prior to stress test

Effective Now, Starting Today, At: N, Diet(s): Regular, Foods to Avoid: Caffeine, No Caffeine within 12hrs of stress test, ED Admit/Obs

Frequency: **Effective Now** [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments: No Caffeine within 12hrs of stress test

#### Questions:

Diet(s): **Regular** [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid: Caffeine

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet- Clear Liquid

Effective Now, Starting Today, At: N, Diet(s): Clear Liquids, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

#### Questions:

Diet(s): [ Regular ] [ **Clear Liquids** ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet- Heart Healthy

Effective Now, Starting Today, At: N, Diet(s): Heart Healthy, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

#### Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ **Heart Healthy** ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet - Renal

Effective Now, Starting Today, At: N, Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K), ED Admit/Obs  
Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Starting: Today, At: N  
Order comments:

#### Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ **Renal (80GM Pro, 2-3GM Na, 2-3GM K)** ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet - Diabetic carb controlled

Effective Now, Starting Today, At: N, Diet(s): 2000 Kcal/225 gm Carbohydrate, ED Admit/Obs  
Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Starting: Today, At: N  
Order comments:

#### Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ **2000 Kcal/225 gm Carbohydrate** ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:  
Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

#### Diet- DO NOT SET DEFAULT IN USER SETS

##### ( ) NPO

Effective Now, Starting Today, At: N, An NPO order without explicit exceptions means nothing can be given orally to the patient., ED Admit/Obs  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Frequency: [ Effective Midnight ] [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]

Starting: Today, At: N  
Order comments:

##### Questions:

NPO: [ Except meds ] [ Except Ice chips ] [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

##### Possible Cascading Questions:

If (answer is Other):  
Specify:

##### ( ) NPO after midnight

Effective Midnight, Starting Tomorrow, At: 0001, An NPO order without explicit exceptions means nothing can be given orally to the patient., ED Admit/Obs

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Frequency: [ **Effective Midnight** ] [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]

Starting: Tomorrow, At: 0001  
Order comments:

##### Questions:

NPO: [ Except meds ] [ Except Ice chips ] [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

##### Possible Cascading Questions:

If (answer is Other):  
Specify:

##### ( ) Diet- Regular

Effective Now, Starting Today, At: N, Diet(s): Regular, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N  
Order comments:

##### Questions:

Diet(s): [ **Regular** ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

##### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):  
IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):  
Diabetic/Calorie:

If (answer is Other Protein):  
Protein:

If (answer is Bariatric):  
Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

##### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid

Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet -No Caffeine prior to stress test

Effective Now, Starting Today, At: N, Diet(s): Regular, Foods to Avoid: Caffeine, No Caffeine within 12hrs of stress test, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments: No Caffeine within 12hrs of stress test

#### Questions:

Diet(s): [ **Regular** ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

#### Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid

Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid: Caffeine

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

#### ( ) Diet- Clear Liquid

Effective Now, Starting Today, At: N, Diet(s): Clear Liquids, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

#### Questions:

Diet(s): [ Regular ] [ **Clear Liquids** ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

#### Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:



Advance Diet as Tolerated? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

( ) Diet- Heart Healthy

Effective Now, Starting Today, At: N, Diet(s): Heart Healthy, ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ **Heart Healthy** ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:

If (answer is Bariatric):

Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]

Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]

Other Options: [ Finger Foods ] [ Safety Tray ]

( ) Diet - Renal

Effective Now, Starting Today, At: N, Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K), ED Admit/Obs

Frequency: [ **Effective Now** ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]

Starting: Today, At: N

Order comments:

Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ **Renal (80GM Pro, 2-3GM Na, 2-3GM K)** ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Other Diabetic/Cal):

Diabetic/Calorie:

If (answer is Other Protein):

Protein:  
If (answer is Bariatric):  
Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):  
Target Diet:  
Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

( ) Diet - Diabetic Carb Controlled

Effective Now, Starting Today, At: N, Diet(s): 2000 Kcal/225 gm Carbohydrate, ED Admit/Obs  
Frequency: **Effective Now** [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Starting: Today, At: N  
Order comments:

Questions:

Diet(s): [ Regular ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] **2000 Kcal/225 gm Carbohydrate** [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):  
IDDSI Solid Consistency:  
If (answer is Other Diabetic/Cal):  
Diabetic/Calorie:  
If (answer is Other Protein):  
Protein:  
If (answer is Bariatric):  
Bariatric:

Advance Diet as Tolerated? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):  
Target Diet:  
Advance target diet criteria:

IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

Non-TPA Stroke/TIA/Weakness/Neuro Orders

Non-TPA Stroke/TIA/Weakness/Neuro

[ ] Neurological assessment

Routine, Q2H, ED Admit/Obs  
Priority: **Routine** [ STAT ]  
Frequency: **Q2H** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]  
Order comments:  
Scheduling Instructions:

Questions:

Assessment to Perform: [ Cranial Nerves ] [ Glasgow Coma Scale ] [ Level of Consciousness ] [ Level of Sedation ] [ Pupils ] [ Spinal exams ]

Possible Cascading Questions:

If (answer is Spinal exams):  
Perform:

Area:

### [ ] Dysphagia screen

Routine, Once, ED Admit/Obs  
Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]  
Order comments:  
Scheduling Instructions:

### [ ] Lipid panel

AM Draw, For 1 Occurrences, ED Admit/Obs  
Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Order comments:

### [ ] Echocardiogram complete w contrast and 3D if needed

Routine, Once, Starting Today, For 1 Occurrences, ED Admit/Obs  
Priority: **[ Routine ]** [ Today ] [ STAT ]  
Frequency: Once  
Starting: Today  
Reason for Exam: [ Chest pain (Ped 0-17y) ] [ SOB, abn CXR, heart failure suspected ] [ Palpitations (hex PVD, TIA, CVA, CVD or peripheral embolism) ] [ Transient ischemic attack (TIA) ] [ Stroke ] [ peripheral arterial embolism ] [ cardiomegaly ] [ ECG abnormal or other ischemic symptoms, intermediate/high prob ] [ Arrhythmias - Infrequent APCs or infrequent VPCs without other evidence of heart disease ] [ Arrhythmias - Frequent VPCs or exercise-induced VPCs ] [ atrial fibrillation ] [ supraventricular tachycardia ] [ ventricular tachycardia ] [ APCs or VPCs, infrequent, no cardiac symptoms ] [ Isolated sinus bradycardia, asymptomatic ] [ Aortic stenosis, equivocal, symptomatic ] [ hypertrophic cardiomyopathy ] [ Syncope - Intermediate or high global CAD risk ] [ Lightheadedness/ Presyncope/Syncope - Syncope when there are no other symptoms or signs of cardiovascular disease ] [ Ventricular Function - Routine surveillance of ventricular function with known CAD and no change in clinical status or cardiac exam ] [ Perioperative Eval - Routine perioperative eval of cardiac structure and function prior to noncardiac solid organ transplantation ] [ Perioperative Eval - Routine preoperative eval of ventricular function with no symptoms or signs of cardiovascular disease ] [ Pulmonary HTN, known, monitoring (prior >= 1yr) ] [ Pulmonary Hypertension - Re-Evaluation of known pulmonary hypertension if change in clinical status or cardiac exam or to guide therapy ] [ Pulmonary HTN, known, monitoring (prior < 1yr) ] [ Hypotension, cardiac etiology suspected ] [ Volume status assessment, critically ill ] [ Hypotension or Hemodynamic Instability - Assessment of volume status in a critically ill patient ] [ Myocardial Ischemia / Infarction - Acute chest pain with suspected MI and nondiagnostic ECG when a resting Echo can be performed during pain ] [ Myocardial Ischemia/ Infarction - Eval of a patient without chest pain but with other features of an ischemic equivalent or laboratory markers indicative of ongoing MI ] [ acute coronary syndrome ] [ ACS, possible, elevated troponin ] [ Respiratory Failure - Respiratory failure or hypoxemia of uncertain etiology ] [ Hypoxemia or resp failure, unknown cause ] [ Pulmonary embolism (PE), eval for therapy ] [ Pulmonary embolism (PE), post treatment ] [ Pulmonary embolism (PE), suspected ] [ Cardiac Trauma - Routine eval in the setting of mild chest trauma with no electrocardiographic changes or biomarker evaluation ] [ Chest trauma, cardiac injury suspected ] [ Chest trauma, acute, severe, cardiac injury suspected ] [ Murmur or Click - Initial eval when there is a reasonable suspicion of valvular or structural heart disease ] [ Murmur or Click - Re-eval of known valvular heart disease with a change in clinical status or cardiac exam or to guide therapy ] [ Murmur or Click - Initial eval when there are no other symptoms or signs of valvular or structural heart disease ] [ Murmur or Clinick - Re-Eval in a patient without valvular disease on prior echo and no change in clinical status or cardiac exam ] [ Infective Endocarditis (Native or Prosthetic Valves) - Initial eval of suspected infective endocarditis with positive blood cultures or a new murmur ] [ Infective Endocarditis (Native or Prosthetic Valves) - Re-eval of infective endocarditis at high risk for progression or complication or with a change in clinical status or cardiac exam ] [ Transient bacteremia, not infective endocarditis ] [ Endocarditis, known, monitoring, no status change ] [ Cardiac mass, suspected ] [ Cardiac embolism suspected ] [ Pericardial disease, suspected ] [ pericardial effusion ] [ Guidance during percutaneous noncoronary cardiac interventions including but not limited to closure device placement, radiofrequency ablation, and percutaneous valve procedures ] [ Pericardial effusion (small), known, monitoring, no status change ] [ Eval of the ascending aorta in the setting of a known or suspected connective tissue disease or genetic condition that predisposes to aortic aneurysm or dissection (e.g. Marfan syndrome) ] [ Re-eval of known ascending aortic dilation or history of aortic dissection to establish a baseline rate of expansion or when the rate of expansion is excessive ] [ Re-eval of known ascending aortic dilation or history of aortic dissection with a change in clinical status or cardiac exam or when findings may alter management or therapy ] [ Routine re-eval for surveillance of known ascending aortic dilation or hx of aortic dissection without a change in clinical status or cardiac exam when findings would not change management or therapy ] [ Hypertension - Initial eval of suspected hypertensive heart disease ] [ HF - Initial eval of known or suspected HF (systolic or diastolic) based on symptoms, signs, or abnormal test results ] [ HF - Re-eval of known HF (systolic or diastolic) with a change in clinical status or cardiac exam without a clear precipitating change in medication or diet ] [ HF - Re-eval of known HF (systolic or diastolic) to guide therapy ] [ HF - Routine surveillance (= 1 y) of HF (systolic or diastolic) when there is no change in clinical status or cardiac exam ] [ HF - Routine surveillance (<1 y) of HF (systolic or diastolic) when there is no change in clinical status or cardiac exam ] [ Device Eval - Initial eval for CRT device optimization after implantation ] [ CRT device, post implant, evaluation ] [ Device Eval - Known implanted pacing device with symptoms possibly due to device complication or suboptimal pacing device settings ] [ Cardiac transplant, monitoring for rejection ] [ VAD and Cardiac Transplantation - Cardiac structure and function evaluation in a potential heart donor ] [ Cardiomyopathy, known or suspected, initial eval ] [ Cardiomyopathy, known, status change, re-eval ] [ Cardiomyopathy, no status change, monitoring (prior >= 1yr) ] [ Cardiomyopathy, screen, fam hex ] [ Cardiomyopathies - Initial eval of known or suspected cardiomyopathy (e.g. restrictive, infiltrative, dilated, hypertrophic, or genetic cardiomyopathy) ] [ Cardiomyopathy, no status change, monitoring (prior < 1yr) ] [ Initial eval of known or suspected adult congenital heart disease ] [ Congenital heart disease, known, re-eval, Tx change ] [ Congenital heart disease, complete repair, monitoring (prior >= 2yrs) ] [ Congenital heart disease, palliative repair, monitoring (prior < 1yr) ] [ Congenital heart disease, palliative repair, monitoring (prior >= 1yr) ] [ Congenital heart disease, complete repair, monitoring (prior < 2yrs) ] [ LVAD Ramp/Speed Optimization ] [ LVAD Ramp/Speed Optimization in Cath Lab ] [ LVAD Surveillance ] [ LVAD Rule out pump malfunction or thrombosis ] [ LVAD Myocardial Recovery ] [ Aortic Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Aortic Prosthetic valve, post op eval ] [ Aortic Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Aortic Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Aortic Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Aortic Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Aortic Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Aortic Prosthetic valve, dysfunction suspected or status change ] [ Mitral Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a

change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Mitral Prosthetic valve, dysfunction suspected or status change ] [ Mitral Prosthetic valve, post op eval ] [ Mitral Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Mitral Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Mitral Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Mitral Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Mitral Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Myocardial Ischemia/Infarction-Complications may include Right Ventricular Involvement ] [ Myocardial Ischemia/Infarction-Complications may include Acute Mitral Regurgitation ] [ Myocardial Ischemia/Infarction-Complications may include Free-Wall Rupture/Tamponade ] [ Myocardial Ischemia/Infarction-Complications may include Heart Fail ( HF ) ] [ Myocardial Ischemia/Infarction-Complications may include Shock ] [ Myocardial Ischemia/Infarction-Complications may include Thrombus ] [ Myocardial Ischemia/Infarction-Complications may include Ventricular Septal Defect ] [ Pulmonic Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Pulmonic Prosthetic valve, dysfunction suspected or status change ] [ Pulmonic Prosthetic valve, post op eval ] [ Pulmonic Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Pulmonic Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Pulmonic Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Pulmonic Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Pulmonic Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Tricuspid Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Tricuspid Prosthetic valve, dysfunction suspected or status change ] [ Tricuspid Prosthetic valve, post op eval ] [ Tricuspid Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Tricuspid Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Tricuspid Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Tricuspid Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Acute hemo instability with hypotension (sys <100mmHg) ] [ acute respiratory distress syndrome ] [ Status post cardiac arrest ] [ New onset large effusion with or wo cardiac tamponade ] [ pericardial tamponade ] [ Life gift donor ] [ aortic aneurysm with dissection ] [ Back pain, aortic dissection ] [ Chest pain or back pain, aortic dissection suspected ] [ Suspected acute aortic pathology including but not limited to dissection/transsection ] [ cardiac transplant rejection ]

Modifiers:

Order comments:

#### Questions:

Does this study require a chemo toxicity strain protocol? [ Yes ] [ No ]

Does this study need a strain protocol? [ Yes ] [ No ]

If HM ORD AVAILABLE HMH is satisfied:

Call back number for Critical Findings:

Where should test be performed? [ Bedside ] [ Department ]

Is this a bubble study?

Preferred interpreting Cardiologist or group:

[ ] US Carotid Doppler Bilateral (Inactive)

[ ] MRI Stroke Brain Wo Contrast

Routine, Once, Starting Today, At: 0100, For 1 Occurrences , ED Admit/Obs

Priority: [ Routine ] [ STAT ]

Frequency: [ Once ]

Starting: Today, At: 0100

Reason for Exam: [ Brain mass or lesion ] [ Head trauma, minor (Age >= 65y) ] [ Orbital trauma ] [ Non-small cell lung cancer (NSCLC), staging ] [ Head trauma, repeat vomiting (Age 18-64y) ] [ Brain/CNS neoplasm, staging ] [ Head trauma, coagulopathy (Age 18-64y) ] [ Head trauma, abnormal mental status (Age 18-64y) ] [ Cancer of unknown primary, staging ] [ Neuro deficit, acute, stroke suspected ] [ Stroke, follow up ] [ Brain/CNS neoplasm, monitor ] [ Seizure, abnormal neuro exam ] [ Head trauma, CSF leak suspected ] [ Headache, sudden, severe ] [ Head trauma, focal neuro findings (Age 18-64y) ] [ Headache, chronic, no new features ] [ Headache, papilledema ] [ Head trauma, minor, normal mental status (Age 18-64y) ] [ Memory Loss ] [ Seizure, nontraumatic (Age >= 41y) ] [ Mental status change, unknown cause ] [ Cancer of unknown primary, surveillance ] [ Metastatic disease evaluation ] [ Head trauma, penetrating ] [ Head trauma, moderate-severe ] [ Head/neck cancer, monitor ] [ Facial trauma ] [ Polytrauma, critical, head/C-spine injury suspected ] [ Multiple sclerosis, monitor ] [ Multiple sclerosis, new event ] [ Dizziness, non-specific ] [ Seizure, new-onset, no history of trauma ] [ Small cell lung cancer (SCLC), staging ] [ Head trauma, skull fracture or hematoma (Age 18-64y) ] [ Head/neck cancer, staging ] [ Transient ischemic attack (TIA) ] [ Dizziness, persistent/recurrent, cardiac or vascular cause suspected ]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.  
Patients needed General Anesthesia should be NPO 8hrs prior to exam.  
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

#### Questions:

What are the patient's sedation requirements?

#### Possible Cascading Questions:

If (answer is IV Sedation):

These sites offer IV Sedation:

If (answer is General Anesthesia):

These sites offer General Anesthesia:

If (answer is PO Sedation):

Location:

If (answer is not HHM) And (answer is not HHM WIC):

A RX for PO Sedation is required. Please provide patient a prescription and instruct them to obtain medication at their pharmacy and bring a driver to their exam.

If (answer is HHM) Or (answer is HHM WIC):

Please instruct patient to bring a driver to their exam.

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

#### [ ] MRI Brain Wo Contrast

Routine, Once, Starting Today, At: 0100 , ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Once ]**

Starting: Today, At: 0100

Reason for Exam: [ Headache, infection-related (Ped 0-17y) ] [ Meningioma ] [ Headache, chronic, new features or increased frequency ] [ Traumatic brain injury (TBI), chronic, clinical status change (Ped 0-17y) ] [ Hydrocephalus (Ped < 3mo) ] [ Head trauma, intracranial arterial injury suspected ] [ Head trauma, minor (Age >= 65y) ] [ Head/neck cancer, staging ] [ Head trauma, altered mental status (Ped 0-17y) ] [ Sinonasal mass suspected ] [ Non-small cell lung cancer (NSCLC), metastatic, assess treatment response ] [ Seizure, generalized, normal neuro exam (Ped 0-17y) ] [ Head trauma, skull fracture or hematoma (Age 18-64y) ] [ Non-small cell lung cancer (NSCLC), staging ] [ Brain metastases, unknown primary ] [ Headache, sudden, severe (Ped 0-17y) ] [ Headache, new or worsening, neuro deficit (Age 18-49y) ] [ Hydrocephalus (Ped >= 3mo) ] [ Seizure, new-onset, no history of trauma ] [ Head trauma, GCS<=14 (Ped 0-17y) ] [ Seizure, generalized, abnormal neuro exam (Ped 0-17y) ] [ Meningitis (Ped 0-17y) ] [ Brain/CNS neoplasm, assess treatment response ] [ Hematologic malignancy, assess treatment response ] [ Stroke, follow up ] [ Head trauma, focal neuro findings (Age 18-64y) ] [ Headache, secondary (Ped 0-17y) ] [ Headache, new or worsening (Age >= 50y) ] [ Stroke suspected (Ped 0-17y) ] [ Mental status change, unknown cause ] [ Traumatic brain injury (TBI), new or progressive neuro deficits ] [ Head trauma, repeat vomiting (Age 18-64y) ] [ Orbital trauma ] [ Brain/CNS neoplasm, staging ] [ Small cell lung cancer (SCLC), assess treatment response ] [ Small cell lung cancer (SCLC), staging ] [ Head/neck cancer, assess treatment response ] [ Head trauma, coagulopathy (Age 18-64y) ] [ Brain metastases suspected ] [ Head trauma, intracranial venous injury suspected ] [ Sinusitis, rapid progression ] [ Brain metastases, assess treatment response ] [ Seizure, post traumatic (Ped 0-17y) ] [ Transient ischemic attack (TIA) ] [ Ataxia, head trauma ] [ Head trauma, abnormal mental status (Age 18-64y) ] [ Head trauma, minor, normal mental status (Age 18-64y) ] [ Head trauma, CSF leak suspected ] [ Stroke, hemorrhagic (Ped 0-17y) ] [ Hematologic malignancy, staging ] [ Non-accidental trauma suspected, suspicious injury (Ped 0-17y) ] [ Head trauma, moderate-severe ] [ Altered mental status, nontraumatic (Ped 0-17y) ] [ Neuro deficit, acute, stroke suspected ] [ Metastatic disease evaluation ] [ Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y) ] [ Seizure, focal (Ped 0-17y) ] [ Parkinsonian syndrome ] [ Head trauma, GCS=15, severe headache (Ped 2-17y) ]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

#### Questions:

If HMSL Neuro Department Alzheimer Question is satisfied:

Is this scan to monitor for ARIA during an Alzheimer therapy? [ Yes ] [ No ]

If HMSL Neuro Department Alzheimer Question is satisfied:

ARIA Alzheimer therapy: [ ARIA therapy baseline ] [ monitor for ARIA therapy 1 of 3 ] [ monitor for ARIA therapy 2 of 3 ] [ monitor for ARIA therapy 3 of 3 ] [ ARIA therapy follow up care ]

What are the patient's sedation requirements?



#### Possible Cascading Questions:

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If (answer is IV Sedation):

These sites offer IV Sedation:

If (answer is General Anesthesia):

These sites offer General Anesthesia:

If (answer is PO Sedation):

Location:

If (answer is not HMH) And (answer is not HMH WIC):

A RX for PO Sedation is required. Please provide patient a prescription and instruct them to obtain medication at their pharmacy and bring a driver to their exam.

If (answer is HMH) Or (answer is HMH WIC):

Please instruct patient to bring a driver to their exam.

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

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If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

#### Conditional Questions:

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If (Class is not External):

Special Brain protocol requested? [ Per Rad Protocol ] [ Special Brain Protocol ]

#### Possible Cascading Questions:

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If (answer is Special Brain Protocol):

Protocol:

If (answer is Stealth) Or (answer is Synaptive):

Does this require fiducials?

#### [ ] MRA Neck Wo Contrast

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Routine, Once, Starting Today, At: 0100 , ED Admit/Obs

Priority: [ Routine ] [ STAT ]

Frequency: [ Once ]

Starting: Today, At: 0100

Reason for Exam: [ Neck trauma, abnormal mental status or neuro exam (Ped 3-15y) ] [ Neck trauma, torticollis or neck pain (Ped 3-15y) ] [ Ataxia, thoracic trauma ] [ Carotid artery stenosis ] [ Neck trauma, arterial injury suspected ] [ Ataxia, lumbar trauma ] [ Vertebral artery aneurysm ] [ Vasculitis, CNS ] [ Neck trauma, motor vehicle accident (Ped 0-3y) ] [ Neck trauma, GCS < 14 (Ped 0-3y) ] [ Neck trauma, torso injury (Ped 3-15y) ] [ Ataxia, acute, nontraumatic (Ped 0-17y) ] [ Neck trauma, uncomplicated (NEXUS/PECARN neg) (Ped 3-15y) ] [ Stroke, follow up ] [ Carotid artery dissection ] [ Ataxia, cervical trauma ] [ Carotid artery aneurysm suspected ] [ Carotid artery stenosis screening, risk factors ] [ Neck trauma, dangerous injury mechanism (Ped 3-15y) ] [ Vasculitis suspected, large vessel ] [ Neck trauma, penetrating ] [ Neck mass, pulsatile ] [ Ataxia, acute, traumatic (Ped 0-17y) ] [ Carotid artery aneurysm ] [ Vertebral artery aneurysm suspected ] [ Vertebral artery dissection suspected ] [ Carotid artery dissection suspected ] [ Neck trauma, predisposing condition to spinal injury (Ped 3-15y) ]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

#### Questions:

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What are the patient's sedation requirements?

#### Possible Cascading Questions:

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If (answer is IV Sedation):

These sites offer IV Sedation:

If (answer is General Anesthesia):

These sites offer General Anesthesia:

If (answer is PO Sedation):

Location:

If (answer is not HMH) And (answer is not HMH WIC):

A RX for PO Sedation is required. Please provide patient a prescription and instruct them to obtain medication at their pharmacy and bring a driver to their exam.

If (answer is HMH) Or (answer is HMH WIC):

Please instruct patient to bring a driver to their exam.

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

☐ MRA Circle Of Willis (Inactive)

☐ CTA Head W Wo Contrast

Routine, Once, Starting Today, At: 0100 , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: **Once**

Starting: Today, At: 0100

Reason for Exam: [ Sinusitis, invasive fungal suspected (Ped 0-17y) ] [ Neck trauma, focal neuro deficit or paresthesia (Age 16-64y) ] [ Head trauma, intracranial arterial injury suspected ] [ Sinusitis, orbital or intracranial complications (Ped 0-17y) ] [ Neck trauma, obtunded patient, CT neg (Age >= 16y) ] [ Cerebral aneurysm screening, high-risk ] [ Vertigo, central ] [ Head trauma, altered mental status (Ped 0-17y) ] [ Neck trauma, arterial injury suspected ] [ Subarachnoid hemorrhage (SAH) (Ped 0-17y) ] [ Cerebral aneurysm, previously treated ] [ Vision loss, binocular ] [ Headache, sudden, severe (Ped 0-17y) ] [ Head trauma, signs of skull fracture (Ped 0-17y) ] [ Cerebral aneurysm, untreated ] [ Vision loss, monocular ] [ Head trauma, GCS<=14 (Ped 0-17y) ] [ Diplopia ] [ Cerebral vasospasm suspected ] [ Hemangioma (AVM) (Ped 0-17y) ] [ CNS vasculitis, known or suspected (Ped 0-17y) ] [ Ataxia, acute, nontraumatic (Ped 0-17y) ] [ Stroke/TIA, determine embolic source ] [ Cervicocranial arterial dissection (Ped 0-17y) ] [ Head trauma, GCS=15, scalp hematoma (Ped 0-1y) ] [ Stroke, follow up ] [ Neck trauma, impaired ROM (Age 16-64y) ] [ Headache, secondary (Ped 0-17y) ] [ Stroke suspected (Ped 0-17y) ] [ Vascular anomaly, low-flow (Ped 0-17y) ] [ Neck trauma, intoxicated or obtunded (Age >= 16y) ] [ Head trauma, GCS=15, vomiting (Ped 2-17y) ] [ Orbital trauma ] [ Headache, new or worsening, post traumatic (Age 18-49y) ] [ Neck trauma, midline tenderness (Age 16-64y) ] [ AVM/AVF, high-flow vascular malformation ] [ Head trauma, GCS=15, no focal neuro findings (low risk) (Ped 0-17y) ] [ Neck trauma, ligament injury suspected (Age >= 16y) ] [ Subarachnoid hemorrhage (SAH) ] [ Ophthalmoplegia ] [ Neck trauma, dangerous injury mechanism (Age 16-64y) ] [ Vascular anomaly, high-flow (Ped 0-17y) ] [ Ataxia, acute, traumatic (Ped 0-17y) ] [ Stroke, hemorrhagic (Ped 0-17y) ] [ Transient ischemic attack (TIA) ] [ Ataxia, head trauma ] [ Stroke, hemorrhagic ] [ Headache, sudden, severe ] [ Vasculitis suspected, CNS ] [ Neck trauma, uncomplicated (NEXUS/CCR neg) (Age 16-64y) ] [ Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y) ] [ Head trauma, GCS=15, severe headache (Ped 2-17y) ] [ Head trauma, moderate-severe ] [ Altered mental status, nontraumatic (Ped 0-17y) ] [ Neuro deficit, acute, stroke suspected ]

Modifiers:

Order comments:

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

#### Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

If HM IMG CT NO LABS is satisfied:

Can the Creatinine labs be waived prior to performing the exam? **No, all labs must be obtained prior to performing this exam.** [ Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes. ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

☐ CTA Neck W Wo Contrast

Routine, Once, Starting Today, At: 0100 , ED Admit/Obs

Priority: **Routine** [ STAT ]

Frequency: **Once**

Starting: Today, At: 0100

Reason for Exam: [ Neck trauma, abnormal mental status or neuro exam (Ped 3-15y) ] [ Neck trauma, focal neuro deficit or paresthesia (Age 16-64y) ] [ Head trauma, intracranial arterial injury suspected ] [ Neck trauma, obtunded patient, CT neg (Age >= 16y) ] [ Neck trauma, torticollis or neck pain (Ped 3-15y) ] [ Vertigo, central ] [ Ataxia, thoracic trauma ] [ Carotid artery stenosis ] [ Neck trauma, arterial injury suspected ] [ Ataxia, lumbar trauma ] [ Neck trauma, motor vehicle accident (Ped 0-3y) ] [ Vision loss, binocular ] [ Vision loss, monocular ] [ Neck trauma, GCS < 14 (Ped 0-3y) ] [ Diplopia ] [ Hemangioma (AVM) (Ped 0-17y) ] [ Neck trauma, torso injury (Ped 3-15y) ] [ Ataxia, acute, nontraumatic (Ped 0-17y) ] [ Stroke/TIA, determine embolic source ] [ Cervicocranial arterial dissection (Ped 0-17y) ] [ Neck trauma, uncomplicated (NEXUS/PECARN neg) (Ped 3-15y) ] [ Stroke, follow up ] [ Neck trauma, impaired ROM (Age 16-64y) ] [ Carotid artery aneurysm suspected ] [ Ataxia, cervical trauma ] [ Carotid artery stenosis screening, risk factors ] [ Orbital trauma ] [ Neck trauma, dangerous injury mechanism (Ped 3-15y) ] [ Neck trauma, intoxicated or obtunded (Age >= 16y) ] [ AVM/AVF, high-flow vascular malformation ] [ Neck trauma, midline tenderness (Age 16-64y) ] [ Esophageal mass ] [ Neck trauma, ligament injury suspected (Age >= 16y) ] [ Subarachnoid hemorrhage (SAH) ] [ Ophthalmoplegia ] [ Neck

trauma, penetrating ] [ Neck mass, pulsatile ] [ Neck trauma, dangerous injury mechanism (Age 16-64y) ] [ Ataxia, acute, traumatic (Ped 0-17y) ] [ Transient ischemic attack (TIA) ] [ Ataxia, head trauma ] [ Carotid artery aneurysm ] [ Vertebral artery aneurysm suspected ] [ Stroke, hemorrhagic ] [ Neck trauma, uncomplicated (NEXUS/CCR neg) (Age 16-64y) ] [ Head trauma, moderate-severe ] [ Vertebral artery dissection suspected ] [ Neuro deficit, acute, stroke suspected ] [ Carotid artery dissection suspected ] [ Neck trauma, predisposing condition to spinal injury (Ped 3-15y) ]

Modifiers:

Order comments:

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

#### Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

If HM IMG CT NO LABS is satisfied:

Can the Creatinine labs be waived prior to performing the exam? **[ No, all labs must be obtained prior to performing this exam. ]** [ Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes. ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

#### [ ] ED Consult Neurology

Referral Info:

To Location/POS:

Number of Visits: 1

Expiration Date: S+365

Priority: [ Routine ] **[ STAT ]**

Order comments:

Referred to Provider Specialty: Neurology

#### Questions:

Reason for Consult?

Consult Tracking: [ Called ] [ Re-Called ] [ Responded ] [ Consult Completed ] [ Deferred ]

#### [ ] Consult to Speech Language Pathology

Routine, Once , For failed dysphagia or any speech problem, ED Admit/Obs

Priority: **[ Routine ]**

Frequency: **[ Once ]**

Order comments: For failed dysphagia or any speech problem

Scheduling Instructions:

#### Questions:

Reason for consult: [ Dysphagia ] [ Aphasia ] [ Dysarthria ] [ Communication ] [ Speaking Valve ] [ Cognition ] [ Other ]

#### Possible Cascading Questions:

If (answer is Other):

Reason for SLP?

#### [ ] Consult to PT eval and treat

ED Admit/Obs, Stroke consult

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Priority: **[ Routine ]**

Order comments: Stroke consult

#### Questions:

Reasons for referral to Physical Therapy (mark all applicable): [ Unsuccessful mobility attempts with Nursing personnel ] [ Post Neuromuscular or Musculoskeletal Surgery Care. ] [ New functional deficits, not expected to spontaneously recover with medical modalities ] [ History of recent falls (non-syncopal) ] [ Recommendations for post-acute hospital placement ] [ Mobility Program for Ventilated patients ] [ Other ]

#### Possible Cascading Questions:

If (answer is Other):



Specify:

Are there any restrictions for positioning or mobility? [ Yes ] [ No ]

---

Possible Cascading Questions:

If (answer is Yes):

Limit:

If (answer is sitting to):

Specify:

If (answer is standing to):

Specify:

If (answer is limb/joint bend):

Specify:

If (answer is elevate limb):

Specify:

If (answer is other):

Specify:

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status: [ LLE ] [ RLE ] [ LUE ] [ RUE ]

---

Possible Cascading Questions:

If (answer is LLE):

LLE Limitation:

If (answer is RLE):

RLE Limitation:

If (answer is LUE):

LUE Limitation:

If (answer is RUE):

RUE Limitation:

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ACS/Chest Pain/MI Orders

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ACS/Chest Pain/MI

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☐ Troponin T

Q3H, For 3 Occurrences , ED Admit/Obs

Frequency: **Q3H** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

For: 3 Occurrences

Order comments:

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☐ aspirin (ECOTRIN) enteric coated tablet

325 mg, oral, Daily, ED Admit/Obs

Dose: **325 mg** [ 650 mg ]

Route: **oral**

Frequency: [ Once ] **Daily** [ Q4H PRN ] [ Q6H PRN ]

Admin Instructions:

Priority: **Routine**

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☐ Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)

Routine, Once, Starting Today, At: 0100 , ED Admit/Obs

Priority: **Routine** [ Today ] [ STAT ]

Frequency: Once

Starting: Today, At: 0100

Reason for Exam: [ Chest pain (Ped 0-17y) ] [ SOB, abn CXR, heart failure suspected ] [ Palpitations (hex PVD, TIA, CVA, CVD or peripheral embolism) ] [ Transient ischemic attack (TIA) ] [ Stroke ] [ peripheral arterial embolism ] [ cardiomegaly ] [ ECG abnormal or other ischemic symptoms, intermediate/high prob ] [ Arrhythmias - Infrequent APCs or infrequent VPCs without other evidence of heart disease ] [ Arrhythmias - Frequent VPCs or exercise-induced VPCs ] [ atrial fibrillation ] [ supraventricular tachycardia ] [ ventricular tachycardia ] [ APCs or VPCs, infrequent, no cardiac symptoms ] [ Isolated sinus bradycardia, asymptomatic ] [ Aortic stenosis, equivocal, symptomatic ] [ hypertrophic cardiomyopathy ] [ Syncope - Intermediate or high global CAD risk ] [ Lightheadedness/ Presyncope/Syncope - Syncope when there are no other symptoms or signs of cardiovascular disease ] [ Ventricular Function - Routine surveillance of ventricular function with known CAD an no change in clinical status or cardiac exam ] [ Perioperative Eval - Routine perioperative eval of cardiac structure and function prior to noncardiac solid organ transplantation ] [ Perioperative Eval - Routine prioperative eval of ventricular function with no symptoms or signs of cardiovascular disease ] [ Pulmonary HTN, known, monitoring (prior >= 1yr) ] [ Pulmonary Hypertension - Re-Evaluation of known pulmonary hypertension if change in clinical status or cardiac exam or to guide therapy ] [ Pulmonary HTN, known, monitoring (prior < 1yr) ] [ Hypotension, cardiac etiology suspected ] [ Volume status assessment, critically ill ] [ Hypotension or Hemodynamic Instability - Assessment of volume status in a critically ill patient ] [ Myocardial Ischemia / Infarction - Acute chest pain with suspected MI and nondiagnostic ECG when a resting Echo can be performed during pain ] [ Myocardial Ischemia/ Infarction - Eval of a patient without chest pain but with other features of an ischemic equivalent or laboratory markers indicative of ongoing MI ] [ acute coronary syndrome ] [ ACS, possible, elevated troponin ] [ Respiratory Failure - Respiratory failure or hypoxemia of uncertain etiology ] [ Hypoxemia or resp failure, unknown cause ] [ Pulmonary embolism (PE), eval for therapy ] [ Pulmonary embolism (PE), post treatment ] [ Pulmonary embolism (PE), suspected ] [ Cardiac Trauma - Routine eval in the setting of mild chest trauma with no electrocardiographic changes or biomarker evaluation ] [ Chest trauma, cardiac injury suspected ] [ Chest trauma, acute, severe, cardiac injury suspected ] [ Murmur or Click - Initial eval when there is a reasonable suspicion of valvular or structural heart disease ] [ Murmur or Click - Re-eval of known valvular heart disease with a change in clinical status or cardiac exam or to guide therapy ] [ Murmur or Click - Initial eval when there are no other symptoms or signs of valvular or structural heart disease ] [ Murmur or Clinick - Re-Eval in a patient without valvular disease on prior echo and no change in clinical status or cardiac exam ] [ Infective Endocarditis (Native or Prosthetic Valves) - Initial eval of suspected infective endocarditis with positive blood cultures or a new murmur ] [ Infective Endocarditis (Native or Prosthetic Valves) - Re-eval of infective endocarditis

at high risk for progression or complication or with a change in clinical status or cardiac exam ] [ Transient bacteremia, not infective endocarditis ] [ Endocarditis, known, monitoring, no status change ] [ Cardiac mass, suspected ] [ Cardiac embolism suspected ] [ Pericardial disease, suspected ] [ pericardial effusion ] [ Guidance during percutaneous noncoronary cardiac interventions including but not limited to closure device placement, radiofrequency ablation, and percutaneous valve procedures ] [ Pericardial effusion (small), known, monitoring, no status change ] [ Eval of the ascending aorta in the setting of a known or suspected connective tissue disease or genetic condition that predisposes to aortic aneurysm or dissection (e.g. Marfan syndrome) ] [ Re-eval of known ascending aortic dilation or history of aortic dissection to establish a baseline rate of expansion or when the rate of expansion is excessive ] [ Re-eval of known ascending aortic dilation or history of aortic dissection with a change in clinical status or cardiac exam or when findings may alter management or therapy ] [ Routine re-eval for surveillance of known ascending aortic dilation or hx of aortic dissection without a change in clinical status or cardiac exam when findings would not change management or therapy ] [ Hypertension - Initial eval of suspected hypertensive heart disease ] [ HF - Initial eval of known or suspected HF (systolic or diastolic) based on symptoms, signs, or abnormal test results ] [ HF - Re-eval of known HF (systolic or diastolic) with a change in clinical status or cardiac exam without a clear precipitating change in medication or diet ] [ HF - Re-eval of known HF (systolic or diastolic) to guide therapy ] [ HF - Routine surveillance (= 1 y) of HF (systolic or diastolic) when there is no change in clinical status or cardiac exam ] [ HF - Routine surveillance (<1 y) of HF (systolic or diastolic) when there is no change in clinical status or cardiac exam ] [ Device Eval - Initial eval for CRT device optimization after implantation ] [ CRT device, post implant, evaluation ] [ Device Eval - Known implanted pacing device with symptoms possibly due to device complication or suboptimal pacing device settings ] [ Cardiac transplant, monitoring for rejection ] [ VAD and Cardiac Transplantation - Cardiac structure and function evaluation in a potential heart donor ] [ Cardiomyopathy, known or suspected, initial eval ] [ Cardiomyopathy, known, status change, re-eval ] [ Cardiomyopathy, no status change, monitoring (prior >= 1yr) ] [ Cardiomyopathy, screen, fam hex ] [ Cardiomyopathies - Initial eval of known or suspected cardiomyopathy (e.g. restrictive, infiltrative, dilated, hypertrophic, or genetic cardiomyopathy) ] [ Cardiomyopathy, no status change, monitoring (prior < 1yr) ] [ Initial eval of known or suspected adult congenital heart disease ] [ Congenital heart disease, known, re-eval, Tx change ] [ Congenital heart disease, complete repair, monitoring (prior >= 2yrs) ] [ Congenital heart disease, palliative repair, monitoring (prior < 1yr) ] [ Congenital heart disease, palliative repair, monitoring (prior >= 1yr) ] [ Congenital heart disease, complete repair, monitoring (prior < 2yrs) ] [ LVAD Ramp/Speed Optimization ] [ LVAD Ramp/Speed Optimization in Cath Lab ] [ LVAD Surveillance ] [ LVAD Rule out pump malfunction or thrombosis ] [ LVAD Myocardial Recovery ] [ Aortic Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Aortic Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Aortic Prosthetic valve, post op eval ] [ Aortic Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Aortic Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Aortic Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Aortic Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Aortic Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Aortic Prosthetic valve, dysfunction suspected or status change ] [ Mitral Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Mitral Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Mitral Prosthetic valve, dysfunction suspected or status change ] [ Mitral Prosthetic valve, post op eval ] [ Mitral Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Mitral Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Mitral Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Mitral Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Mitral Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Myocardial Ischemia/Infarction-Complications may include Right Ventricular Involvement ] [ Myocardial Ischemia/Infarction-Complications may include Acute Mitral Regurgitation ] [ Myocardial Ischemia/Infarction-Complications may include Free-Wall Rupture/Tamponade ] [ Myocardial Ischemia/Infarction-Complications may include Heart Fail ( HF ) ] [ Myocardial Ischemia/Infarction-Complications may include Shock ] [ Myocardial Ischemia/Infarction-Complications may include Thrombus ] [ Myocardial Ischemia/Infarction-Complications may include Ventricular Septal Defect ] [ Pulmonic Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Pulmonic Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Pulmonic Prosthetic valve, dysfunction suspected or status change ] [ Pulmonic Prosthetic valve, post op eval ] [ Pulmonic Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Pulmonic Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Pulmonic Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Pulmonic Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Pulmonic Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Tricuspid Prosthetic Valves - Eval of prosthetic valve with suspected dysfunction or a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Regurgitation - Routine surveillance (<1 y) of moderate or severe valvular regurgitation without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (<1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (<3 y) of mild valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (= 1 y) of moderate or severe valvular stenosis without a change in clinical status or cardiac exam ] [ Tricuspid Native Valvular Stenosis - Routine surveillance (=3 y) of mild valvular stenosis without a change in clinical status or cardiac exam. ] [ Tricuspid Prosthetic valve, dysfunction suspected or status change ] [ Tricuspid Prosthetic valve, post op eval ] [ Tricuspid Prosthetic Valves - Initial postoperative eval of prosthetic valve for establishment of baseline ] [ Tricuspid Prosthetic Valves - Routine surveillance (<3 y) after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Tricuspid Prosthetic Valves - Routine surveillance (=3 y after valve implantation) of prosthetic valve if no known or suspected valve dysfunction ] [ Tricuspid Valvular Regurgitation - Routine surveillance (=1 y) of moderate or severe valvular regurgitation without change in clinical status or cardiac exam ] [ Acute hemo instability with hypotension (sys <100mmHg) ] [ acute respiratory distress syndrome ] [ Status post cardiac arrest ] [ New onset large effusion with or wo cardiac tamponade ] [ pericardial tamponade ] [ Life gift donor ] [ aortic aneurysm with dissection ] [ Back pain, aortic dissection ] [ Chest pain or back pain, aortic dissection suspected ] [ Suspected acute aortic pathology including but not limited to dissection/transsection ] [ cardiac transplant rejection ]

Modifiers:

Order comments:

#### Questions:

Does this study require a chemo toxicity strain protocol? [ Yes ] [ No ]

Does this study need a strain protocol? [ Yes ] [ No ]  
If HM ORD AVAILABLE HMH is satisfied:  
Call back number for Critical Findings:  
Where should test be performed? [ Bedside ] [ Department ]  
Is this a bubble study?  
Preferred interpreting Cardiologist or group:

#### [ ] Myocardial Perfusion Panel (Selection Required)

Indications for Regadenoson are as follows: 1) Left Bundle Branch Block (LBBB) 2) Ventricular pacing 3) Ventricular pre-excitation 4) > or = 1 mm resting ST-T abnormalities 5) Left ventricular hypertrophy (LVH) with ST-T abnormalities 6) Digoxin use with associated ST-T abnormalities 7) Unable to ambulate on treadmill 8) Recent MI (1-3) days or elevated troponin level.

#### Myocardial perfusion

Routine, Once, Starting Today, At: 0100 , NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access

Priority: **[ Routine ]** [ STAT ]

Frequency: Once

Starting: Today, At: 0100

Reason for Exam: [ Chest pain/anginal equiv, low CAD risk, not treadmill candidate ] [ ECG abnormal, intermediate CAD risk ] [ CAD monitoring, abnormal angio > 2yrs ] [ CAD screening, intermediate CAD risk, not treadmill candidate ] [ Chest pain/anginal equiv, prior revascularization ] [ Congenital heart disease, treated, follow up (Ped 0-17y) ] [ CAD monitoring, CABG > 5yrs or PCI > 2 yrs ] [ Cardiomyopathy, follow up (Ped 0-17y) ] [ ECG abnormal, high CAD risk ] [ Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate ] [ CAD screening, high CAD risk, not treadmill candidate ] [ Chest pain (Ped 0-17y) ] [ ECG abnormal, low CAD risk ] [ Chest pain/anginal equiv, intermediate CAD risk, not treadmill candidate ] [ CAD screening, high CAD risk, treadmill candidate ] [ Heart failure, known or suspected, initial workup ] [ Chest pain/anginal equiv, high CAD risk, not treadmill candidate ] [ Chest pain/anginal equiv, high CAD risk, treadmill candidate ] [ Heart failure (Ped 0-17y) ]

Modifiers:

Order comments: NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access

#### Questions:

Will this exam require to be scheduled as a one day or a two-day exam? [ One day exam ] [ Two-day Exam (BMI of 33% and above and/or medical needs) ]

Preferred interpreting Cardiologist or group:

And

#### Cv exercise treadmill stress (no imaging)

Routine, Once

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Once ]**

Reason for Exam: [ Chest pain/anginal equiv, low CAD risk, not treadmill candidate ] [ ECG abnormal, intermediate CAD risk ] [ CAD monitoring, abnormal angio > 2yrs ] [ CAD screening, intermediate CAD risk, not treadmill candidate ] [ Chest pain/anginal equiv, prior revascularization ] [ Congenital heart disease, treated, follow up (Ped 0-17y) ] [ CAD monitoring, CABG > 5yrs or PCI > 2 yrs ] [ Cardiomyopathy, follow up (Ped 0-17y) ] [ ECG abnormal, high CAD risk ] [ Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate ] [ CAD screening, high CAD risk, not treadmill candidate ] [ Chest pain (Ped 0-17y) ] [ ECG abnormal, low CAD risk ] [ Chest pain/anginal equiv, intermediate CAD risk, not treadmill candidate ] [ CAD screening, high CAD risk, treadmill candidate ] [ Heart failure, known or suspected, initial workup ] [ Chest pain/anginal equiv, high CAD risk, not treadmill candidate ] [ Chest pain/anginal equiv, high CAD risk, treadmill candidate ] [ Heart failure (Ped 0-17y) ]

Modifiers:

Order comments:

#### Questions:

Do you require imaging to be included? If yes, please select the appropriate imaging stress order: [ Yes ] [ No ]

What stress agent will be used? [ Treadmill/Bicycle ] [ Pharmacological (Regadenoson, Adenosine or Dobutamine per protocol) ]

#### [ ] ECG 12 lead

Routine, Q4H, For 2 Occurrences , ED Admit/Obs

Frequency: **[ Q4H ]** [ STAT ] [ Once ] [ Conditional ] [ Daily ]

For: 2 Occurrences

Order comments:

Scheduling Instructions:

Phase of Care: ED Admit/Obs

#### Questions:

Clinical Indications:

#### Possible Cascading Questions:

If (answer is Other):

Other:

Interpreting Physician:

### [ ] ECG 12 lead - PRN

Routine, PRN , PRN chest pain, arrhythmia or change in patient status, ED Admit/Obs  
Frequency: **[PRN]** [ STAT ] [ Once ] [ Conditional ] [ Daily ]  
Order comments: PRN chest pain, arrhythmia or change in patient status  
Scheduling Instructions:  
Phase of Care: ED Admit/Obs

#### Questions:

Clinical Indications:

#### Possible Cascading Questions:

If (answer is Other):

Other:

Interpreting Physician:

### [ ] Heart Score Risk Stratification

Order comments:

#### Questions:

History: [ 0: Slightly suspicious ] [ 1: Moderately suspicious ] [ 2: Highly suspicious ]  
EKG: [ 0: Normal ] [ 1: Non-specific repolarization disturbance ] [ 2: Significant ST depression ]  
Age: [ 0: < 45 ] [ 1: 45-64 ] [ 2: > 64 ]  
Risk Factors: [ 0: No known risk factors ] [ 1: 1-2 risk factors ] [ 2: > 2 risk factors or history of atherosclerotic disease ]  
Initial Troponin: [ 0: Less than or equal to normal limit ] [ 1: 1 to 2 times normal ] [ 2: > 2 times normal ]

### Hypertension

#### [ ] enalaprilat (VASOTEC) injection

1.25 mg, intravenous, Once, For 1 Doses, ED Admit/Obs  
Dose: [ 0.625 mg ] **[ 1.25 mg ]** [ 2.5 mg ] [ 3.75 mg ] [ 5 mg ]  
Route: **[ intravenous ]**  
Frequency: Once  
Admin Instructions:  
Priority: **[ Routine ]**

#### Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

#### Possible Cascading Questions:

If (answer is BP Hold Parameters requested):

BP HOLD for:

If (answer is Other Systolic BP):

Hold for Systolic BP LESS than (in mmHg):

If (answer is Other MAP):

Hold for Mean Arterial Pressure LESS than (in mmHg):

If (answer is Other Doppler BP (LVAD)):

Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

#### [ ] hydrALAZINE (APRESOLINE) injection

10 mg, intravenous, Once, For 1 Doses, ED Admit/Obs , Administer if Systolic BP GREATER than \*\*\*  
Dose: [ 2.5 mg ] [ 5 mg ] **[ 10 mg ]** [ 20 mg ]  
Route: **[ intravenous ]**  
Frequency: Once  
Admin Instructions: Administer if Systolic BP GREATER than \*\*\*  
Priority: **[ STAT ]** [ Routine ]

#### Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

#### Possible Cascading Questions:

If (answer is BP Hold Parameters requested):

BP HOLD for:

If (answer is Other Systolic BP):

Hold for Systolic BP LESS than (in mmHg):

If (answer is Other MAP):

Hold for Mean Arterial Pressure LESS than (in mmHg):  
If (answer is Other Doppler BP (LVAD)):  
Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

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[ ] labetalol (NORMODYNE) Injection

20 mg, intravenous, Once, For 1 Doses, ED Admit/Obs , Administer if Systolic BP GREATER than \*\*\*  
Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ **20 mg** ] [ 40 mg ] [ 80 mg ]  
Route: [ **intravenous** ]  
Frequency: Once  
Admin Instructions: Administer if Systolic BP GREATER than \*\*\*  
Priority: [ **STAT** ] [ Routine ]

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[ ] cloNIDine HCl (CATAPRES) tablet

0.1 mg, oral, Once, For 1 Doses, ED Admit/Obs  
Dose: [ **0.1 mg** ] [ 0.2 mg ] [ 0.3 mg ]  
Route: [ **oral** ]  
Frequency: Once  
Admin Instructions:  
Priority: [ **STAT** ] [ Routine ]

---

Questions:

BP & HR HOLD parameters for this order: [ BP & HR HOLD Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

---

Possible Cascading Questions:

If (answer is BP & HR HOLD Parameters requested):  
BP & HR HOLD for:  
If (answer is Other Systolic BP):  
Hold for Systolic BP LESS than (in mmHg):  
If (answer is Other Heart Rate):  
Hold for Heart Rate LESS than (in bpm):  
If (answer is Other MAP):  
Hold for Mean Arterial Pressure LESS than (in mmHg):  
If (answer is Other Doppler BP (LVAD)):  
Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

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[ ] metoprolol tartrate (LOPRESSOR) tablet

25 mg, oral, Once, For 1 Doses, ED Admit/Obs  
Dose: [ 12.5 mg ] [ **25 mg** ] [ 50 mg ] [ 75 mg ] [ 100 mg ]  
Route: [ **oral** ]  
Frequency: [ **Once** ] [ BID ]  
Admin Instructions:  
Priority: [ **STAT** ] [ Routine ]

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Questions:

BP & HR HOLD parameters for this order: [ BP & HR HOLD Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

---

Possible Cascading Questions:

If (answer is BP & HR HOLD Parameters requested):  
BP & HR HOLD for:  
If (answer is Other Systolic BP):  
Hold for Systolic BP LESS than (in mmHg):  
If (answer is Other Heart Rate):  
Hold for Heart Rate LESS than (in bpm):  
If (answer is Other MAP):  
Hold for Mean Arterial Pressure LESS than (in mmHg):  
If (answer is Other Doppler BP (LVAD)):  
Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

---

Loop Diuretics

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( ) furosemide (LASIX) injection

40 mg, intravenous, Once, For 1 Doses, ED Admit/Obs  
Dose: 40 mg  
Route: [ **intravenous** ]  
Frequency: Once  
Admin Instructions:

Priority: **[ STAT ]** [ Routine ]

---

**( ) furosemide (LASIX) infusion**

5 mg/hr, intravenous, Continuous, ED Admit/Obs  
Dose: [ 1 mg/hr ] [ 2 mg/hr ] [ 4 mg/hr ] **[ 5 mg/hr ]** [ 10 mg/hr ]  
Route: **[ intravenous ]**  
Frequency: **[ Continuous ]**  
Admin Instructions:  
Priority: **[ Routine ]**

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**( ) BUMETanide (BUMEX) injection**

0.5 mg, intravenous, Once, For 1 Doses, ED Admit/Obs  
Dose: 0.5 mg  
Route: **[ intravenous ]**  
Frequency: Once  
Admin Instructions:  
Priority: **[ STAT ]** [ Routine ]

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**NON-Looped Diuretics**

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**[ ] spironolactone (ALDACTONE) tablet**

25 mg, oral, Once, For 1 Doses, ED Admit/Obs , Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.  
Dose: [ 12.5 mg ] **[ 25 mg ]** [ 50 mg ] [ 100 mg ]  
Route: **[ oral ]**  
Frequency: **[ Once ]** [ Daily ] [ BID ]  
Admin Instructions: Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.  
Priority: **[ STAT ]** [ Routine ]

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**Questions:**

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

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**Possible Cascading Questions:**

If (answer is BP Hold Parameters requested):  
BP HOLD for:  
If (answer is Other Systolic BP):  
Hold for Systolic BP LESS than (in mmHg):  
If (answer is Other MAP):  
Hold for Mean Arterial Pressure LESS than (in mmHg):  
If (answer is Other Doppler BP (LVAD)):  
Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

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**[ ] eplerenone (INSPRA) tablet**

25 mg, oral, Daily, For 1 Doses, ED Admit/Obs , Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.  
Dose: **[ 25 mg ]** [ 50 mg ]  
Route: **[ oral ]**  
Frequency: **[ Daily ]** [ BID ]  
For: 1 Doses  
Admin Instructions: Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.  
Priority: **[ STAT ]** [ Routine ]

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**[ ] metOLazone (ZAROXOLYN) tablet**

5 mg, oral, Once, For 1 Doses, ED Admit/Obs  
Dose: [ 2.5 mg ] **[ 5 mg ]** [ 10 mg ]  
Route: **[ oral ]**  
Frequency: **[ Once ]** [ Daily ] [ BID ]  
Admin Instructions:  
Priority: **[ STAT ]** [ Routine ]

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**IV Fluids**

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**Maintenance IV Fluids**

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**( ) sodium chloride 0.9 % infusion**

75 mL/hr, intravenous, Once, For 1 Doses, ED Admit/Obs  
Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Frequency: **[ Once ]** [ Continuous ]  
Admin Instructions:  
Priority: **[ Routine ]**



( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion

75 mL/hr, intravenous, Continuous, ED Admit/Obs  
Dose: [ 50 mL/hr ] [ **75 mL/hr** ] [ 100 mL/hr ] [ 125 mL/hr ]  
Route: [ **intravenous** ]  
Frequency: [ **Continuous** ]  
Admin Instructions:  
Priority: [ **Routine** ]

Medications

Anti-coagulants

Patients may be eligible for enoxaparin if the time to surgical procedure is GREATER THAN 24 hours and renal function is STABLE.

( ) Enoxaparin (Selection Required)

Pharmacy consult is available for anti-Xa monitoring for enoxaparin (Lovenox) in patients with CrCl LESS THAN 30 mL/min, extremes of body weight (LESS THAN 45kg or GREATER THAN 150kg), pregnancy, or elderly (age GREATER THAN or EQUAL to 75 years).

[X] enoxaparin (LOVENOX) subcutaneous injection (dosing based on CrCl) (Selection Required)

( ) For CrCl GREATER than or EQUAL to 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 12 hours

1 mg/kg, subcutaneous, Q12H SCH, ED Admit/Obs  
Dose: [ **1 mg/kg** ] [ 1.5 mg/kg ]  
Weight Type: [ **Recorded** ] [ Ideal ] [ Adjusted ] [ Order-Specific ]  
Route: [ **subcutaneous** ]  
Frequency: [ Daily at 1700 ] [ **Q12H SCH** ]  
Admin Instructions:  
Priority: [ **Routine** ]

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

Possible Cascading Questions:

If (answer is Other):  
Specify:

( ) For CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 24 hours

1 mg/kg, subcutaneous, Q24H SCH, ED Admit/Obs  
Dose: [ **1 mg/kg** ] [ 1.5 mg/kg ]  
Weight Type: [ **Recorded** ] [ Ideal ] [ Adjusted ] [ Order-Specific ]  
Route: [ **subcutaneous** ]  
Frequency: [ **Q24H SCH** ] [ Daily at 1700 ] [ Q12H SCH ]  
Admin Instructions:  
Priority: [ **Routine** ]

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

Possible Cascading Questions:

If (answer is Other):  
Specify:

[ ] Pharmacy consult to manage therapeutic enoxaparin (LOVENOX)

STAT, Until Discontinued, Starting Today, At: N, Anti-Xa goal: 0.6-1 units/mL  
Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until Discontinued** ]  
Starting: Today, At: N  
Order comments: Anti-Xa goal: 0.6-1 units/mL

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Intra-aortic balloon pump ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ Other ]

Possible Cascading Questions:

If (answer is Other):  
Specify:

Reason for consult: [ Age GREATER THAN or EQUAL to 75 years ] [ Age LESS THAN 18 years ] [ Weight GREATER THAN 150 kg ] [ Weight LESS THAN 45 kg ] [ Creatinine Clearance LESS THAN 30 mL/min ] [ Pregnancy ] [ Other ]

Possible Cascading Questions:

If (answer is Other):  
Specify:

☐ Prothrombin time with INR

Once, ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

☐ Partial thromboplastin time, activated

Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen., ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ Anti Xa, low molecular weight heparin

Once, Heparin Name: Lovenox, Draw specimen 4 hours after subcutaneous injection, ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments: Draw specimen 4 hours after subcutaneous injection

Questions:

Heparin Name: [ Fragmin ] **[ Lovenox ]**

☐ Heparin Pharmacy Consults (Selection Required)

☒ Pharmacy Consult to Manage Heparin: (Selection Required)

☐ Pharmacy Consult to Manage Heparin: LOW Dose protocol (ACS/Stroke/Afib)- withOUT titration boluses

STAT, Until Discontinued, Starting Today, At: N, Monitoring: Anti-Xa

Priority: [ Routine ] **[ STAT ]**

Frequency: **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

Process Instructions:

Low Dose Heparin Protocol

- IF ORDERED, Initial bolus (60 units/kg) up to a max of 5,000 units.
- Consider in patients at risk for bleeding.
- Initial infusion (12 units/kg/hr) up to a max of 1,000 units/hr initially.
- More conservative titration.

\*See protocol for details\*

Questions:

Heparin Indication:

Possible Cascading Questions:

If (answer is Other (specify)):

Specify Other Heparin Indication:

Specify: [ Give initial Bolus ] [ No initial Bolus ]

Monitoring: **[ Anti-Xa ]** [ aPTT ]

☐ Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)

STAT, Until Discontinued, Starting Today, At: N

Priority: [ Routine ] **[ STAT ]**

Frequency: **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

Process Instructions:

Standard Dose Protocol

- IF ORDERED, Initial Bolus (80 units/kg) with no maximum.
- Consider in patients at risk for recurrent embolization.
- Initial Infusion (18 units/kg/hr) with no maximum.
- More aggressive titration with additional bolus and increase in heparin for sub-therapeutic monitoring levels.

\*See protocol for details\*

Questions:

Heparin Indication:



#### Possible Cascading Questions:

If (answer is Other (specify)):

Specify Other Heparin Indication:

Specify: [ Give initial Bolus ] [ No initial Bolus ]

Specify: [ Give titration boluses ] [ NO Titration boluses ]

Monitoring: [ Anti-Xa ] [ aPTT ]

#### [ ] Prothrombin time with INR

Once , ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

#### [ ] Partial thromboplastin time, activated

Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen., ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

#### [ ] Anti Xa, unfractionated

Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen., ED Admit/Obs

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

#### General Pain Management for Opioid Naive Patients

##### PRN Mild Pain (Pain Score 1-3)

(adjust dose for renal/liver function and age)

#### ( ) acetaminophen (TYLENOL) tablet OR oral solution (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

##### acetaminophen (TYLENOL) tablet

650 mg, oral, Q6H PRN, mild pain (score 1-3), ED Admit/Obs , Give the tablet if the patient can tolerate oral medication.

Dose: 650 mg

Route: **[ oral ]**

Frequency: Q6H PRN

For: 12 Hours

Admin Instructions: Give the tablet if the patient can tolerate oral medication.

Priority: **[ Routine ]**

Or

##### acetaminophen (TYLENOL)suspension

650 mg, oral, Q6H PRN, mild pain (score 1-3), ED Admit/Obs , Use if patient cannot tolerate oral tablet.

Dose: 650 mg

Route: **[ oral ]**

Frequency: Q6H PRN

For: 12 Hours

Admin Instructions: Use if patient cannot tolerate oral tablet.

Priority: **[ Routine ]**

#### ( ) ibuprofen (MOTRIN) tablet OR oral solution (Selection Required)

Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

##### ibuprofen (ADVIL,MOTRIN) tablet

600 mg, oral, Q6H PRN, mild pain (score 1-3), ED Admit/Obs , Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.

Dose: [ 200 mg ] [ 400 mg ] **[ 600 mg ]** [ 800 mg ]

Route: **[ oral ]**

Frequency: [ TID ] [ 4x Daily ] [ Q4H PRN ] **[ Q6H PRN ]**

For: 12 Hours

Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.

Priority: **[ Routine ]**

Or

ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension

600 mg, oral, Q6H PRN, mild pain (score 1-3), ED Admit/Obs , Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.

Dose: 600 mg

Route: **[ oral ]**

Frequency: Q6H PRN

For: 12 Hours

Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.

Priority: **[ Routine ]**

( ) naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min.

250 mg, oral, Q8H PRN, mild pain (score 1-3), ED Admit/Obs , Not recommended for patients with eGFR LESS than 30 mL/min.<BR>

Dose: **[ 250 mg ]** [ 375 mg ] [ 500 mg ]

Route: **[ oral ]**

Frequency: **[ Q8H PRN ]** [ BID with meals ] [ TID with meals ]

For: 12 Hours

Admin Instructions:

Not recommended for patients with eGFR LESS than 30 mL/min.

Priority: **[ Routine ]**

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old

Default Phase of Care: ED Admit/Obs

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6) , Give if patient is able to tolerate oral medication. , acute pain

Dose: [ 0.5 tablets ] **[ 1 tablet ]** [ 2 tablets ]

Route: **[ oral ]**

Frequency: [ Q4H PRN ] **[ Q6H PRN ]** [ Q8H PRN ]

For: 12 Hours

Admin Instructions: Give if patient is able to tolerate oral medication.

Priority: **[ Routine ]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [ Yes ] [ No ]

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution

12.5 mL, oral, Q6H PRN, moderate pain (score 4-6) , Use if patient cannot swallow tablet. , acute pain

Dose: **[ 12.5 mL ]** [ 2.5 mL ] [ 5 mL ] [ 10 mL ]

Route: **[ oral ]**

Frequency: [ Once ] [ Q4H PRN ] **[ Q6H PRN ]** [ Q8H PRN ]

For: 12 Hours

Admin Instructions: Use if patient cannot swallow tablet.

Priority: **[ Routine ]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [ Yes ] [ No ]

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

#### HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6) , acute pain

Dose: [ 1 tablet ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions:

Priority: [ Routine ]

#### Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

#### HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

10 mL, oral, Q6H PRN, moderate pain (score 4-6) , acute pain

Dose: [ 5 mL ] [ 10 mL ] [ 15 mL ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions:

Priority: [ Routine ]

#### Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

#### ( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

#### HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6) , Give if patient is able to tolerate oral medication. , acute pain

Dose: [ 1 tablet ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions: Give if patient is able to tolerate oral medication.

Priority: [ Routine ]

#### Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

#### HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution

15 mL, oral, Q6H PRN, moderate pain (score 4-6) , Use if patient cannot swallow tablet. , acute pain

Dose: [ 5 mL ] [ 10 mL ] [ 15 mL ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions: Use if patient cannot swallow tablet.

Priority: [ Routine ]

#### Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

#### ( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

#### HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6) , Give if patient is able to tolerate oral medication. , acute pain

Dose: [ 1 tablet ]  
Route: [ oral ]  
Frequency: [ Q4H PRN ] [ Q6H PRN ]  
For: 12 Hours  
Admin Instructions: Give if patient is able to tolerate oral medication.  
Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution

20 mL, oral, Q6H PRN, moderate pain (score 4-6) , Use if patient can not swallow tablet. , acute pain  
Dose: [ 20 mL ] [ 5 mL ] [ 10 mL ] [ 15 mL ]  
Route: [ oral ]  
Frequency: [ Q4H PRN ] [ Q6H PRN ]  
For: 12 Hours  
Admin Instructions: Use if patient can not swallow tablet.  
Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)

50 mg, oral, Q6H PRN, moderate pain (score 4-6) , (Max Daily dose not to exceed 200 mg/day)<BR> , acute pain  
Dose: [ 25 mg ] [ 50 mg ] [ 100 mg ]  
Route: [ oral ]  
Frequency: [ Q4H PRN ] [ Q6H PRN ] [ TID PRN ]  
For: 12 Hours  
Admin Instructions:  
(Max Daily dose not to exceed 200 mg/day)  
  
Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old

Default Phase of Care: ED Admit/Obs  
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), ED Admit/Obs , Give if patient is able to tolerate oral medication. , acute pain  
Dose: [ 0.5 tablets ] [ 1 tablet ] [ 2 tablets ]  
Route: [ oral ]  
Frequency: [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
For: 12 Hours  
Admin Instructions: Give if patient is able to tolerate oral medication.  
Priority: [ Routine ]

Questions:

If 0 years - 12 years old:  
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [ Yes ] [ No ]  
Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution

12.5 mL, oral, Q6H PRN, moderate pain (score 4-6), ED Admit/Obs , Use if patient cannot swallow tablet. , acute pain

Dose: [ 12.5 mL ] [ 2.5 mL ] [ 5 mL ] [ 10 mL ]  
Route: [ oral ]  
Frequency: [ Once ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
For: 12 Hours  
Admin Instructions: Use if patient cannot swallow tablet.  
Priority: [ Routine ]

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [ Yes ] [ No ]

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6) , acute pain

Dose: [ 1 tablet ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions:

Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

10 mL, oral, Q6H PRN, moderate pain (score 4-6) , acute pain

Dose: [ 5 mL ] [ 10 mL ] [ 15 mL ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ]

For: 12 Hours

Admin Instructions:

Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)

25 mg, oral, Q6H PRN, moderate pain (score 4-6), ED Admit/Obs , (Max Daily dose not to exceed 200 mg/day)<BR> , acute pain

Dose: [ 25 mg ] [ 50 mg ] [ 100 mg ]

Route: [ oral ]

Frequency: [ Q4H PRN ] [ Q6H PRN ] [ TID PRN ]

Admin Instructions:

(Max Daily dose not to exceed 200 mg/day)

Priority: [ Routine ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old

Default Phase of Care: ED Admit/Obs

(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

25 mcg, intravenous, Q2H PRN, moderate pain (score 4-6), ED Admit/Obs , acute pain

Dose: 25 mcg

Route: [ intravenous ] [ intramuscular ] [ subcutaneous ]

Frequency: [ Q1H PRN ] [ Q2H PRN ] [ Once ]

For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) morphine 2 mg/mL injection

2 mg, intravenous, Q3H PRN, moderate pain (score 4-6), ED Admit/Obs  
Dose: 2 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) HYDROmorphine (DILAUDID) injection

0.5 mg, intravenous, Q3H PRN, moderate pain (score 4-6), ED Admit/Obs  
Dose: 0.5 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) ketorolac (TORADOL) IV (Selection Required)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.  
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection

15 mg, intravenous, Q6H PRN, moderate pain (score 4-6)  
Dose: 15 mg  
Route: **[ intravenous ]** [ intramuscular ]  
Frequency: Q6H PRN  
For: 5 Days  
Admin Instructions:  
Priority: **[ Routine ]**

( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection

30 mg, intravenous, Q6H PRN, moderate pain (score 4-6)  
Dose: 30 mg  
Route: **[ intravenous ]** [ intramuscular ]  
Frequency: Q6H PRN  
For: 5 Days  
Admin Instructions:  
Priority: **[ Routine ]**

PRN IV Medications for Moderate Pain (Pain Score 4-6) For Patients GREATER than 65 years old

(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

12.5 mcg, intravenous, Q2H PRN, moderate pain (score 4-6), ED Admit/Obs , acute pain  
Dose: 12.5 mcg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Q1H PRN ] **[ Q2H PRN ]** [ Once ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) morphine 2 mg/mL injection

1 mg, intravenous, Q3H PRN, moderate pain (score 4-6), ED Admit/Obs  
Dose: 1 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) HYDROmorphine (DILAUDID) injection

0.2 mg, intravenous, Q3H PRN, moderate pain (score 4-6), ED Admit/Obs  
Dose: 0.2 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) **ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.**

15 mg, intravenous, Q6H PRN, moderate pain (score 4-6), ED Admit/Obs , Do not use in patients with eGFR LESS than 30 mL/min.

Dose: 15 mg

Route: **[ intravenous ]** [ intramuscular ]

Frequency: Q6H PRN

For: 5 Days

Admin Instructions: Do not use in patients with eGFR LESS than 30 mL/min.

Priority: **[ Routine ]**

**PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old**

(adjust dose for renal/liver function and age)

( ) **HYDROmorphine (DILAUDID) tablet**

2 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain

Dose: [ 1 mg ] **[ 2 mg ]** [ 4 mg ] [ 8 mg ]

Route: **[ oral ]**

Frequency: **[ Q6H PRN ]** [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]

Admin Instructions:

Priority: **[ Routine ]**

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) **morphine (MSIR) tablet**

15 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain

Dose: **[ 15 mg ]** [ 30 mg ] [ 60 mg ]

Route: **[ oral ]**

Frequency: **[ Q6H PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]

Admin Instructions:

Priority: **[ Routine ]**

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) **oxyCODONE (ROXICODONE) immediate release tablet**

10 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain

Dose: [ 5 mg ] **[ 10 mg ]** [ 15 mg ] [ 20 mg ] [ 30 mg ]

Route: **[ oral ]**

Frequency: [ Q3H PRN ] [ Q4H PRN ] **[ Q6H PRN ]**

Admin Instructions:

Priority: **[ Routine ]**

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

**PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old**

(adjust dose for renal/liver function and age)

( ) **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet**

1 tablet, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain

Dose: **[ 1 tablet ]**

Route: **[ oral ]**

Frequency: [ Q4H PRN ] **[ Q6H PRN ]**

For: 12 Hours

Admin Instructions:

Priority: **[ Routine ]**

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) **HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet**

1 tablet, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain

Dose: **[ 1 tablet ]**

Route: **[ oral ]**

Frequency: [ Q4H PRN ] **[ Q6H PRN ]**

For: 12 Hours



Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) HYDROmorphine (DILAUDID) tablet

2 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain  
Dose: [ 1 mg ] **[ 2 mg ]** [ 4 mg ] [ 8 mg ]  
Route: **[ oral ]**  
Frequency: **[ Q6H PRN ]** [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) morphine (MSIR) tablet

15 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain  
Dose: **[ 15 mg ]** [ 30 mg ] [ 60 mg ]  
Route: **[ oral ]**  
Frequency: **[ Q6H PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) oxyCODONE (ROXICODONE) immediate release tablet

5 mg, oral, Q6H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain  
Dose: **[ 5 mg ]** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: **[ oral ]**  
Frequency: [ Q3H PRN ] [ Q4H PRN ] **[ Q6H PRN ]**  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old

(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

50 mcg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain  
Dose: 50 mcg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: **[ Q3H PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) morphine injection

4 mg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs  
Dose: 4 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) HYDROmorphine (DILAUDID) injection

0.8 mg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs  
Dose: 0.8 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]

For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

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**PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old**  
(adjust dose for renal/liver function and age)

---

**( ) fentaNYL (SUBLIMAZE) injection**

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25 mcg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs , acute pain  
Dose: 25 mcg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: **[ Q3H PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

**( ) morphine injection**

---

2 mg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs  
Dose: 2 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

**( ) HYDROmorphine (DILAUDID) injection**

---

0.5 mg, intravenous, Q3H PRN, severe pain (score 7-10), ED Admit/Obs  
Dose: 0.5 mg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once ] [ Q2H PRN ] **[ Q3H PRN ]** [ Q4H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

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**Scheduled Pain Medications**

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**( ) Scheduled Pain Medications - Mild Pain (Pain Score 1-3): For Patients GREATER than 65 years old (Selection Required)**

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(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)  
Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)  
Adjust dose for renal/liver function and age.

**( ) acetaminophen (TYLENOL) tablet**

---

500 mg, oral, Q6H SCH, ED Admit/Obs  
Dose: 500 mg  
Route: **[ oral ]**  
Frequency: Q6H SCH  
Admin Instructions:  
Priority: **[ Routine ]**

**( ) Scheduled Pain Medications - Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Selection Required)**

---

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)  
Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)  
Adjust dose for renal/liver function and age.

**( ) HYDROcodone-acetaminophen (LORTAB) 2.5-167 mg/5 mL solution**

---

10 mL, oral, Q6H SCH, ED Admit/Obs , acute pain  
Dose: [ 5 mL ] **[ 10 mL ]** [ 15 mL ]  
Route: **[ oral ]**  
Frequency: **[ Q6H SCH ]** [ Q4H PRN ] [ Q6H PRN ]  
Admin Instructions:  
Priority: **[ Routine ]**

**Questions:**

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Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

**( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet**

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1 tablet, oral, Q6H SCH, ED Admit/Obs , acute pain  
Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Frequency: **[ Q6H SCH ]** [ Q4H PRN ] [ Q6H PRN ]

Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) tramADoI (ULTRAM) tablet - If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.

25 mg, oral, Q6H SCH, ED Admit/Obs , If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and<BR>max daily dose not to exceed 200 mg/day.<BR>, acute pain  
Dose: **[ 25 mg ]** [ 50 mg ] [ 100 mg ]  
Route: **[ oral ]**  
Frequency: **[ Q6H SCH ]** [ Q4H PRN ] [ Q6H PRN ] [ TID PRN ]  
Admin Instructions:  
If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.

Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) Scheduled Pain Medications - Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Selection Required)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)  
Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)  
Adjust dose for renal/liver function and age.

( ) HYDRoCodoNe-acetaminophen (NORCO) 7.5-325 mg per tablet

1 tablet, oral, Q6H SCH, ED Admit/Obs , acute pain  
Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Frequency: **[ Q6H SCH ]** [ Q4H PRN ] [ Q6H PRN ]  
Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

( ) oxyCODONE (ROXICODONE) immediate release tablet

5 mg, oral, Q6H SCH, ED Admit/Obs , acute pain  
Dose: **[ 5 mg ]** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: **[ oral ]**  
Frequency: **[ Q6H SCH ]** [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]  
Admin Instructions:  
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Muscle Relaxers

(adjust dose for renal/liver function and age)

( ) methocarbamol (ROBAXIN) tablet

500 mg, oral, Q6H PRN, muscle spasms, ED Admit/Obs  
Dose: **[ 500 mg ]** [ 750 mg ] [ 1,000 mg ] [ 1,500 mg ]  
Route: **[ oral ]**  
Frequency: **[ Q6H PRN ]** [ TID ] [ 4x Daily ] [ TID PRN ] [ 4x Daily PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

( ) cyclobenzaprine (FLEXERIL) tablet

5 mg, oral, TID PRN, muscle spasms, ED Admit/Obs

Dose: [ 5 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ oral ]  
Frequency: [ Nightly ] [ TID ] [ TID PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

( ) tiZANidine (ZANAFLEX) tablet

2 mg, oral, Q8H PRN, muscle spasms, ED Admit/Obs  
Dose: [ 2 mg ] [ 4 mg ] [ 8 mg ]  
Route: [ oral ]  
Frequency: [ Once ] [ TID ] [ Nightly ] [ Q6H PRN ] [ Q8H PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

Respiratory

[X] naloxone (NARCAN) injection

0.2 mg, intravenous, Once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3), ED Admit/Obs , Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).<BR>If naloxone is needed, please call the ordering physician and/or CERT<BR>team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3<BR>times.<BR>  
Dose: 0.2 mg  
Route: [ intravenous ] [ intramuscular ] [ subcutaneous ]  
Frequency: [ Once PRN ] [ Once ] [ PRN ]  
For: 12 Hours  
Admin Instructions:  
Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).  
If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.  
  
Priority: [ STAT ] [ Routine ]

Itching: For Patients LESS than 70 years old

( ) diphenhydrAMINE (BENADRYL) tablet

25 mg, oral, Q6H PRN, itching, ED Admit/Obs  
Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Frequency: [ Once ] [ Q6H ] [ Q4H PRN ] [ Q6H PRN ] [ Nightly PRN ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

( ) hydrOXYzine (ATARAX) tablet

10 mg, oral, Q6H PRN, itching, ED Admit/Obs  
Dose: [ 10 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Frequency: [ TID PRN ] [ 4x Daily PRN ] [ Q4H PRN ] [ Q6H PRN ] [ TID ] [ 4x Daily ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

( ) cetirizine (ZyrTEC) tablet

5 mg, oral, Daily PRN, itching, ED Admit/Obs  
Dose: [ 5 mg ] [ 10 mg ]  
Route: [ oral ]  
Frequency: [ Daily PRN ] [ Daily ] [ Nightly ] [ BID ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

( ) fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed

60 mg, oral, BID PRN, itching, ED Admit/Obs  
Dose: [ 30 mg ] [ 60 mg ] [ 180 mg ]  
Route: [ oral ]  
Frequency: [ BID PRN ] [ Daily ] [ BID ]  
For: 12 Hours  
Admin Instructions:  
Priority: [ Routine ]

Itching: For Patients between 70-76 years old

( ) cetirizine (ZyrTEC) tablet

5 mg, oral, Daily PRN, itching, ED Admit/Obs  
Dose: [ 5 mg ] [ 10 mg ]

Route: **[oral]**  
Frequency: [ Daily ] [ Nightly ] [ BID ] **[ Daily PRN ]**  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

Itching: For Patients GREATER than 77 years old

---

( ) cetirizine (Zyrtec) tablet

5 mg, oral, Daily PRN, itching, ED Admit/Obs  
Dose: **[ 5 mg ]** [ 10 mg ]  
Route: **[ oral ]**  
Frequency: [ Daily ] [ Nightly ] [ BID ] **[ Daily PRN ]**  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

Antiemetics

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[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is able to tolerate oral medication.  
Dose: **[ 4 mg ]** [ 8 mg ] [ 16 mg ] [ 24 mg ]  
Route: **[ oral ]**  
Frequency: [ Once ] [ Q12H SCH ] **[ Q8H PRN ]**  
For: 12 Hours  
Admin Instructions: Give if patient is able to tolerate oral medication.  
Priority: **[ Routine ]**

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
Dose: **[ 4 mg ]** [ 8 mg ] [ 0.1 mg/kg ]  
Route: **[ intravenous ]** [ intramuscular ]  
Frequency: [ Once ] **[ Q8H PRN ]** [ Q12H ]  
For: 12 Hours  
Admin Instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
Priority: **[ Routine ]**

[X] promethazine (Phenergan) IV or Oral or Rectal (Selection Required)

promethazine (Phenergan) 12.5 mg IV

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.  
Dose: 12.5 mg  
Route: intravenous  
Frequency: Q6H PRN  
For: 12 Hours  
Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.  
Priority: **[ Routine ]**

Or

promethazine (Phenergan) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.  
Dose: **[ 12.5 mg ]** [ 25 mg ] [ 50 mg ]  
Route: **[ oral ]**  
Frequency: [ Q4H PRN ] **[ Q6H PRN ]**  
For: 12 Hours  
Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.  
Priority: **[ Routine ]**

Or

promethazine (Phenergan) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.  
Dose: **[ 12.5 mg ]** [ 25 mg ] [ 50 mg ]  
Route: **[ rectal ]**  
Frequency: [ Q4H PRN ] **[ Q6H PRN ]**  
For: 12 Hours  
Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.  
Priority: **[ Routine ]**

Or

promethazine (PHENERGAN) intraMUSCULAR injection

12.5 mg, intramuscular, Q6H PRN, nausea, vomiting , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Dose: [ 6.25 mg ] [ **12.5 mg** ]

Route: [ **intramuscular** ]

Frequency: [ Once ] [ Q4H PRN ] [ **Q6H PRN** ]

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Priority: [ **Routine** ]

Antiemetics

Default Phase of Care: ED Admit/Obs

[ ] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is able to tolerate oral medication.

Dose: [ **4 mg** ] [ 8 mg ] [ 16 mg ] [ 24 mg ]

Route: [ **oral** ]

Frequency: [ Once ] [ Q12H SCH ] [ **Q8H PRN** ]

For: 12 Hours

Admin Instructions: Give if patient is able to tolerate oral medication.

Priority: [ **Routine** ]

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Dose: [ **4 mg** ] [ 8 mg ] [ 0.1 mg/kg ]

Route: [ **intravenous** ] [ intramuscular ]

Frequency: [ Once ] [ **Q8H PRN** ] [ Q12H ]

For: 12 Hours

Admin Instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Priority: [ **Routine** ]

[ ] promethazine (PHENERGAN) IV or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q6H PRN, nausea, vomiting , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Dose: 12.5 mg

Route: intravenous

Frequency: Q6H PRN

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Priority: [ **Routine** ]

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Dose: [ **12.5 mg** ] [ 25 mg ] [ 50 mg ]

Route: [ **oral** ]

Frequency: [ Q4H PRN ] [ **Q6H PRN** ]

For: 12 Hours

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Priority: [ **Routine** ]

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Dose: [ **12.5 mg** ] [ 25 mg ] [ 50 mg ]

Route: [ **rectal** ]

Frequency: [ Q4H PRN ] [ **Q6H PRN** ]

For: 12 Hours

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Priority: [ **Routine** ]

Antiemetics

[ ] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is able to tolerate oral medication.

Dose: **[ 4 mg ]** [ 8 mg ] [ 16 mg ] [ 24 mg ]

Route: **[ oral ]**

Frequency: [ Once ] [ Q12H SCH ] **[ Q8H PRN ]**

For: 12 Hours

Admin Instructions: Give if patient is able to tolerate oral medication.

Priority: **[ Routine ]**

Or

---

ondansetron (ZOFTRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, ED Admit/Obs , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Dose: **[ 4 mg ]** [ 8 mg ] [ 0.1 mg/kg ]

Route: **[ intravenous ]** [ intramuscular ]

Frequency: [ Once ] **[ Q8H PRN ]** [ Q12H ]

For: 12 Hours

Admin Instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Priority: **[ Routine ]**

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[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal (Selection Required)

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promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB

12.5 mg, intravenous, Administer over: 30 Minutes, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Dose: 12.5 mg

Route: intravenous

Frequency: Q6H PRN

For: 12 Hours

Admin Instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Priority: **[ Routine ]**

Or

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promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Dose: **[ 12.5 mg ]** [ 25 mg ] [ 50 mg ]

Route: **[ oral ]**

Frequency: [ Q4H PRN ] **[ Q6H PRN ]**

For: 12 Hours

Admin Instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Priority: **[ Routine ]**

Or

---

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, ED Admit/Obs , Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Dose: **[ 12.5 mg ]** [ 25 mg ] [ 50 mg ]

Route: **[ rectal ]**

Frequency: [ Q4H PRN ] **[ Q6H PRN ]**

For: 12 Hours

Admin Instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Priority: **[ Routine ]**

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Bowel Regimen: For Patients LESS than 65 years old

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[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet

1 tablet, oral, BID PRN, constipation, ED Admit/Obs , Hold for diarrhea.<BR>

Dose: **[ 1 tablet ]** [ 2 tablets ]

Route: **[ oral ]**

Frequency: [ Nightly ] [ BID ] [ Nightly PRN ] [ Once ] **[ BID PRN ]** [ Once PRN ]

For: 12 Hours

Admin Instructions:

Hold for diarrhea.

Priority: **[ Routine ]**

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[ ] bisacodyl (DULCOLAX) suppository

10 mg, rectal, Daily PRN, constipation, (if with persistent constipation), ED Admit/Obs

Dose: **[ 10 mg ]**

Route: **[ rectal ]**

Frequency: [ Once ] [ Daily ] **[ Daily PRN ]**

For: 12 Hours

Admin Instructions:



Priority: **[ Routine ]**

Bowel Regimen: For Patients GREATER than 65 years old

**[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet**

1 tablet, oral, BID PRN, constipation, ED Admit/Obs , Hold for diarrhea.<BR>  
Dose: **[ 1 tablet ]** [ 2 tablets ]  
Route: **[ oral ]**  
Frequency: [ Nightly ] [ BID ] [ Nightly PRN ] [ Once ] **[ BID PRN ]** [ Once PRN ]  
For: 12 Hours  
Admin Instructions:  
Hold for diarrhea.

Priority: **[ Routine ]**

**[ ] bisacodyl (DULCOLAX) suppository**

10 mg, rectal, Daily PRN, constipation, (if with persistent constipation), ED Admit/Obs  
Dose: **[ 10 mg ]**  
Route: **[ rectal ]**  
Frequency: [ Once ] [ Daily ] **[ Daily PRN ]**  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

**[ ] polyethylene glycol (MIRALAX) packet**

17 g, oral, Daily PRN, constipation, If with persistent constipation., ED Admit/Obs  
Dose: 17 g  
Route: **[ oral ]**  
Frequency: Daily PRN  
For: 12 Hours  
Admin Instructions:  
Priority: **[ Routine ]**

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients LESS than or EQUAL to 62 kg

**[ ] methylnaltrexone (RELISTOR) injection - (For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)**

8 mg, subcutaneous, Every Other Day, ED Admit/Obs , Hold for diarrhea.  
Dose: **[ 8 mg ]** [ 12 mg ]  
Route: **[ subcutaneous ]**  
Frequency: **[ Every Other Day ]** [ Once ]  
For: 12 Hours  
Admin Instructions: Hold for diarrhea.  
Priority: **[ Routine ]**

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients GREATER than 62 kg

Discontinue all laxatives prior to ordering and administering methylnaltrexone.

**[ ] methylnaltrexone (RELISTOR) injection -(For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)**

12 mg, subcutaneous, Every Other Day, ED Admit/Obs , Hold for diarrhea.  
Dose: [ 8 mg ] **[ 12 mg ]**  
Route: **[ subcutaneous ]**  
Frequency: **[ Every Other Day ]** [ Once ]  
For: 12 Hours  
Admin Instructions: Hold for diarrhea.  
Priority: **[ Routine ]**

sodium chloride 0.9% bag for line care

Default Phase of Care: ED Admit/Obs

**[X] sodium chloride 0.9 % bag for line care**

100 mL, intravenous, PRN, line care , For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.  
Dose: **[ 100 mL ]**  
Route: **[ intravenous ]**  
Frequency: **[ PRN ]** [ Once PRN ]  
Admin Instructions: For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.  
Priority: **[ Routine ]**

Labs

Laboratory

**[ ] CBC with platelet and differential**

AM Draw, For 1 Occurrences , ED Admit/Obs  
Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Order comments:

[\[ \] Basic metabolic panel](#)

AM Draw, For 1 Occurrences , ED Admit/Obs

Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

[\[ \] Comprehensive metabolic panel](#)

AM Draw, For 1 Occurrences , ED Admit/Obs

Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

[\[ \] Hemoglobin & hematocrit](#)

Now Then Q4H, For 3 Occurrences , ED Admit/Obs

Frequency: **[ Now Then Q4H ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

For: 3 Occurrences

Order comments:

[\[ \] Lipase level](#)

AM Draw, For 1 Occurrences , ED Admit/Obs

Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

[Respiratory](#)

[Oxygenation \(Testing\)](#)

[\[ \] Pulse oximetry continuous](#)

Routine, Continuous , ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: [ Once ] [ Daily ] [ Q PM ] **[ Continuous ]** [ HS only ]

Order comments:

[Questions:](#)

Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

[\[ \] Oxygen therapy - Nasal Cannula](#)

Routine, Continuous, Device: Nasal Cannula, Rate in liters per minute: 2 Lpm, Titrate to keep O2 Sat Above: 92%, ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Continuous ]** [ PRN ]

Order comments:

[Questions:](#)

If 366 days and older:

Device: **[ Nasal Cannula ]** [ High Flow Nasal Cannula (HFNC) ] [ Heated High Flow ] [ Non-rebreather mask ] [ Trach Collar ] [ Venturi Mask ]

If 366 days and older:

Rate in liters per minute: [ 1 Lpm ] **[ 2 Lpm ]** [ 3 Lpm ] [ 4 Lpm ] [ 5 Lpm ] [ 6 Lpm ]

[Possible Cascading Questions:](#)

If (answer is Nasal Cannula):

If 366 days and older:

Rate in liters per minute:

Titrate to keep O2 Sat Above:

If (answer is Other (Specify)):

Specify titration to keep O2 Sat (%) Above:

If (answer is Simple Face Mask):

Rate in liters per minute:

Titrate to keep O2 Sat Above:

If (answer is Other (Specify)):

Specify titration to keep O2 Sat (%) Above:

If (answer is Non-rebreather mask):

Rate in liters per minute:

Titrate to keep O2 Sat Above:

If (answer is Other (Specify)):

Specify titration to keep O2 Sat (%) Above:

If (answer is T-piece) Or (answer is Aerosol Mask) Or (answer is Face Tent) Or (answer is Trach Collar):

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

Titrate to keep O2 Sat Above:

If (answer is Other (Specify)):

Specify titration to keep O2 Sat (%) Above:

If (answer is Venturi Mask):

FIO2:

If (answer is Other (Specify)):

Specify O2 %:  
 Titrate to keep O2 Sat Above:  
 If (answer is Other (Specify)):  
 Specify titration to keep O2 Sat (%) Above:  
 If (answer is Other (Specify)):  
 Specify:  
 Titrate to keep O2 Sat Above:  
 If (answer is Other (Specify)):  
 Specify titration to keep O2 Sat (%) Above:  
 If (answer is High Flow Nasal Cannula (HFNC)):  
 If 366 days and older:  
 Rate in liters per minute:  
 If (answer is Heated High Flow):  
 Device:  
 If 366 days and older:  
 Rate in liters per minute:  
 If (answer is Other (Specify)):  
 Specify Flowrate (Lpm):  
 If 366 days and older:  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:

If 0 days - 365 days old:  
 Rate in tenths of a liter per minute: [ 0.2 Lpm ] [ 0.4 Lpm ] [ 0.6 Lpm ] [ 0.8 Lpm ] [ 1 Lpm ] [ 1.2 Lpm ] [ 1.4 Lpm ] [ 1.6 Lpm ] [ 1.8 Lpm ] [ 2 Lpm ]  
 If 0 days - 365 days old:  
 O2 %: [ 21% ] [ 22% ] [ 23% ] [ 24% ] [ 25% ]

#### Possible Cascading Questions:

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If (answer is Other (Specify)):  
 Specify O2 %:

Device 2: [ Nasal Cannula ] [ High Flow Nasal Cannula (HFNC) ] [ Non-rebreather mask ] [ Trach Collar ] [ Venturi Mask ]

#### Possible Cascading Questions:

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If (answer is Nasal Cannula):  
 If 366 days and older:  
 Rate in liters per minute:  
 If 1 day - 365 days old:  
 Rate in tenths of a liter per minute:  
 If 1 day - 365 days old:  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:  
 If (answer is Simple Face Mask):  
 Rate in liters per minute:  
 If 1 day - 365 days old:  
 Rate in tenths of a liter per minute:  
 If 1 day - 365 days old:  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:  
 If (answer is High Flow Nasal Cannula (HFNC)):  
 If 366 days and older:  
 Rate in liters per minute:  
 If 1 day - 365 days old:  
 Rate in liters per minute:  
 If (answer is Other (Specify)):  
 Specify lpm:  
 If 366 days and older:  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:  
 If 1 day - 365 days old:  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:  
 If (answer is Non-rebreather mask):  
 Rate in liters per minute:  
 If (answer is T-piece) Or (answer is Aerosol Mask) Or (answer is Face Tent) Or (answer is Trach Collar):  
 O2 %:  
 If (answer is Other (Specify)):  
 Specify O2 %:  
 If (answer is Venturi Mask):  
 FiO2:  
 If (answer is Other (Specify)):  
 Specify O2 %:

If (answer is Other (Specify)):  
Specify:

Device 3: [ Nasal Cannula ] [ High Flow Nasal Cannula (HFNC) ] [ Non-rebreather mask ] [ Trach Collar ] [ Venturi Mask ]

#### Possible Cascading Questions:

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If (answer is Nasal Cannula):

If 366 days and older:

Rate in liters per minute:

If 1 day - 365 days old:

Rate in tenths of a liter per minute:

If 1 day - 365 days old:

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Simple Face Mask):

Rate in liters per minute:

If 1 day - 365 days old:

Rate in tenths of a liter per minute:

If 1 day - 365 days old:

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is High Flow Nasal Cannula (HFNC)):

If 366 days and older:

Rate in liters per minute:

If 1 day - 365 days old:

Rate in liters per minute:

If (answer is Other (Specify)):

Specify lpm:

If 366 days and older:

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

If 1 day - 365 days old:

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Non-rebreather mask):

Rate in liters per minute:

If (answer is T-piece) Or (answer is Aerosol Mask) Or (answer is Face Tent) Or (answer is Trach Collar):

O2 %:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Venturi Mask):

FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Other (Specify)):

Specify:

Titrate to keep O2 Sat Above: [ 88 % ] [ 90% ] [ **92%** ] [ 95% ] [ Other (Specify) ]

#### Possible Cascading Questions:

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If (answer is Other (Specify)):

Specify titration to keep O2 Sat (%) Above:

Indications for O2 therapy: [ Hypoxemia ] [ Increased work of breathing ] [ Respiratory distress ] [ Immediate post-op period ] [ Acute MI ] [ Cluster headaches ]

#### Bronchodilators

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[ ] ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution

3 mL, nebulization, Q6H PRN, wheezing, ED Admit/Obs

Dose: [ **3 mL** ]

Route: [ **nebulization** ]

Frequency: [ Q4H ] [ Q4H While awake ] [ Q6H ] [ Q6H While awake ] [ Q4H PRN ] [ **Q6H PRN** ]

For: 12 Hours

Admin Instructions:

Priority: [ **Routine** ]

#### Questions:

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Aerosol Delivery Device: [ Hand-Held Nebulizer ] [ Intrapulmonary Percussive Ventilation (Meta-Neb Device) ]

#### Possible Cascading Questions:

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If (answer is Intrapulmonary Percussive Ventilation (Meta-Neb Device)):

Meta-Neb Indications:  
If (answer is Hand-Held Nebulizer):  
Device:

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☐ **methyIPREDNISolone sodium succinate (Solu-MEDROL) injection**

40 mg, intravenous, Q6H, ED Admit/Obs  
Dose: **[ 40 mg ]** [ 62.5 mg ] [ 80 mg ] [ 125 mg ]  
Route: **[ intravenous ]**  
Frequency: [ Q2H ] [ Q4H ] **[ Q6H ]** [ Q12H ] [ Q24H ] [ Daily ]  
For: 12 Hours  
Admin Duration: [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ]  
Admin Instructions:  
Priority: **[ Routine ]**

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☐ **predniSONE (DELTASONE) tablet**

40 mg, oral, Daily, ED Admit/Obs , Give with food or snacks.  
Dose: **[ 40 mg ]** [ 1 mg ] [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 20 mg ]  
Route: **[ oral ]**  
Frequency: **[ Daily ]** [ BID ]  
For: 1 Hours  
Admin Instructions: Give with food or snacks.  
Priority: **[ Routine ]**

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**Education**

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☐ **Tobacco cessation education**

Routine, Once, For 1 Occurrences , ED Admit/Obs  
Priority: **[ Routine ]**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Order comments:  
Scheduling Instructions:

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**Consults**

Additional Consults can be entered below in search field.

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**Ancillary Consults**

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☐ **ED Consult Pain Management**

Note: Due to the current resource constraints, consultation orders received after 10 AM Monday - Friday will be seen the following business day.,  
Day of discharge consults will not be accepted.

Process Instructions:

Note: Due to the current resource constraints, consultation orders received after 10 AM Monday - Friday will be seen the following business day.

Day of discharge consults will not be accepted.

Referral Info:

To Location/POS:

Number of Visits: 1

Expiration Date: S+365

Priority: [ Routine ] **[ STAT ]**

Order comments:

Referred to Provider Specialty: Pain Medicine

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**Questions:**

Reason for Consult?

Consult Tracking: [ Called ] [ Re-Called ] [ Responded ] [ Consult Completed ] [ Deferred ]

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☐ **Consult to Social Work**

ED Admit/Obs

Priority: **[ Routine ]** [ STAT ]

Order comments:

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**Questions:**

Reason for Consult: [ Adoption ] [ Chemical Dependency ] [ Deaf ] [ Discharge Planning ] [ Fetal Demise ] [ Discharge Placement ] [ Hospice Referral ] [ SNF ] [ Suspected Abuse ] [ Suspected Domestic Violence ] [ Teen Pregnancy ] [ Human Trafficking ] [ Dialysis Placement ] [ SDOH ] [ Other Specify ]

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**Possible Cascading Questions:**

If (answer is Other Specify):

Specify:

If (answer is Hospice Referral):

Evaluate for:

If (answer is SDOH):

Specify for SDOH:

[ ] Consult PT eval and treat

ED Admit/Obs

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Priority: **[ Routine ]**

Order comments:

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [ Unsuccessful mobility attempts with Nursing personnel ] [ Post Neuromuscular or Musculoskeletal Surgery Care. ] [ New functional deficits, not expected to spontaneously recover with medical modalities ] [ History of recent falls (non-syncopal) ] [ Recommendations for post-acute hospital placement ] [ Mobility Program for Ventilated patients ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

Are there any restrictions for positioning or mobility? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Limit:

If (answer is sitting to):

Specify:

If (answer is standing to):

Specify:

If (answer is limb/joint bend):

Specify:

If (answer is elevate limb):

Specify:

If (answer is other):

Specify:

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status: [ LLE ] [ RLE ] [ LUE ] [ RUE ]

Possible Cascading Questions:

If (answer is LLE):

LLE Limitation:

If (answer is RLE):

RLE Limitation:

If (answer is LUE):

LUE Limitation:

If (answer is RUE):

RUE Limitation:

[ ] Consult to OT eval and treat

ED Admit/Obs

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

Priority: **[ Routine ]**

Order comments:

Questions:

Reason for referral to Occupational Therapy (mark all that apply): [ Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) ] [ Post-operative instruction or treatment necessary prior to discharge ] [ Decrease in functional cognition from patient's baseline ] [ Needs home safety recommendations prior to discharge ] [ Increased falling (non-syncopal). ] [ Patient lives alone and is deconditioned (post-surgery or extensive hospital stay) ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

Are there any restrictions for positioning or mobility? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Yes):

Limit:

If (answer is sitting to):

Specify:

If (answer is standing to):  
Specify:  
If (answer is limb/joint bend):  
Specify:  
If (answer is elevate limb):  
Specify:  
If (answer is other):  
Specify:

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
Weight Bearing Status: [ LLE ] [ RLE ] [ LUE ] [ RUE ]

Possible Cascading Questions:

If (answer is LLE):  
LLE Limitation:  
If (answer is RLE):  
RLE Limitation:  
If (answer is LUE):  
LUE Limitation:  
If (answer is RUE):  
RUE Limitation:

[ ] Consult to Respiratory Therapy

ED Admit/Obs  
Priority: [ Routine ] [ STAT ]  
Order comments:

Questions:

Reason for Consult?