

Location: _____

General

Nursing

Vital Signs

Vital Signs-Per unit Protocol Frequency: Per unit protocol Priority: Routine Comments: Complete vital signs with CIWA-Ar Alcohol Withdrawal Assessment.

Pulse oximetry - If the patient is receiving medications in CIWA scale. Frequency: Continuous Priority: Routine
Comments: If the patient is receiving medications in CIWA scale, place on pulse oximetry monitoring.

Question(s):

Current FIO2 or Room Air:

Nursing

Use the CIWA-Ar Alcohol Withdrawal Assessment Tool to assess the patient's need for symptom based treatment.
Frequency: Every 4 hours Start Date: S Priority: Routine

ED / ICU only: Notify Provider if the patient is receiving medications in CIWA-Ar scale. Frequency: Until discontinued
Frequency Limit: 4 Hours Priority: Today

Assess the need for seizure and aspiration precautions. Frequency: Until discontinued Priority: Routine

IV Fluids

CIWA Assessment

CIWA-Ar Assessment (Required)

CIWA - Ar Assessment: ED only (first 4 hours of treatment)

CIWA-Ar Assessment: ED Only

Mild symptoms ED Only

Mild symptoms ED only: For CIWA-Ar score less than 10 - No treatment, reassess patient in 2 hours while in the ED, otherwise reassess patient every 4 and document the score on the flowsheet

Frequency: Until discontinued Frequency Limit: 4 Hours Start Date: S Priority: Routine Comments: To be performed in the ED during the first 4 hours of treatment.

Moderate symptoms ED Only

Moderate symptoms (ED only) for CIWA-Ar score 10-18 -- Administer medication, if ordered.

Document score and reassess patient in 1 hour.. Frequency: Until discontinued Frequency Limit: 4 Hours
Start Date: S Priority: Routine Comments: To be performed in the ED during the first 4 hours of treatment.

Severe Symptoms ED Only

Severe symptoms (ED only): for CIWA-Ar score greater than 18-Administer medication, if ordered.

Document score and reassess patient in 1 hour. Frequency: Until discontinued Frequency Limit: 4 Hours
Start Date: S Priority: Routine Comments: To be utilized during the first 4 hours of treatment in the ED

Notify Physician (ED only): if CIWA-Ar greater than 18 or if 3 doses of benzodiazepine given without reduction in symptoms or CIWA score. Patient should be assessed for IMU/ICU level of care by a provider Frequency: Until discontinued Frequency Limit: 4 Hours Start Date: S Priority: Today

ED only: Call provider if CIWA-Ar remains >18 Frequency: Until discontinued Priority: STAT Comments: ED use only

ED only: Evaluate need for higher level of care with provider Frequency: Until discontinued Priority: STAT
Comments: ED use only

ED only: If patient is asleep, complete CIWA-Ar assessment upon waking Frequency: Until discontinued
Priority: STAT Comments: ED only

ED only: Disposition after 4 hours of initial treatment Frequency: Until discontinued Priority: STAT
Comments: ED only

CIWA - Ar Assessment: to be used after the first 4 hours of treatment (Required)

CIWA-Ar Assessment

Mild Symptoms (Score less than 10)

Sign: _____ Printed Name: _____ Date/Time: _____

Mild symptoms: For CIWA-Ar score less than 10 - No treatment, reassess patient in 2 hours while in the ED, otherwise reassess patient every 4 and document the score on the flowsheet Frequency: Until discontinued Priority: Routine Comments: To be utilized after the first 4 hours of treatment

Moderate Symptoms (Score 10-18)

Moderate symptoms: for CIWA-Ar score 10-18 -- Administer medication, if ordered. Document score and reassess patient in 1 hour in ED otherwise 2 hours. Frequency: Until discontinued Priority: Routine Comments: To be utilized after the first 4 hours of treatment.

Severe Symptoms (Score GREATER than 18)

Severe symptoms: for CIWA-Ar score greater than 18 -- Administer medication, if ordered. Document score and reassess patient in 1 hour. Frequency: Until discontinued Priority: Routine Comments: To be utilized after the initial 4 hours of treatment

Notify Physician if CIWA-Ar greater than 18 or if 2 doses of benzodiazepine given without reduction in symptoms or CIWA score. Frequency: Until discontinued Priority: Routine Comments: To be utilized after the first 4 hours of treatment

CIWA-Ar Assessment (Required)

IP CIWA-Ar Assessment

Mild Symptoms (Score less than 10)

Mild symptoms: For CIWA-Ar score less than 10 - No treatment, reassess patient every 4 hours and document the score on the flowsheet Frequency: Until discontinued Start Date: S Priority: Routine

Moderate Symptoms (Score 10-18)

Moderate symptoms: for CIWA-Ar score 10-18 -- Administer medication, if ordered. Document score and reassess patient in 2 hours. Frequency: Until discontinued Start Date: S Priority: Routine

Severe Symptoms (Score GREATER than 18)

Severe symptoms: for CIWA-Ar score greater than 18 -- Administer medication, if ordered. Document score and reassess patient in 1 hour. Frequency: Until discontinued Start Date: S Priority: Routine

Notify Physician if CIWA-Ar greater than 18 or if 2 doses of benzodiazepine given without reduction in symptoms or CIWA score. Frequency: Until discontinued Start Date: S Priority: Routine

Medications

Medications

Benzodiazepine loading dose

Benzodiazepine PO loading dose

PO Loading dose is **ONLY** recommended in patients with initial CIWA_r 18 or less AND if the patient meets one of the following criteria: history of severe/complicated withdrawal, acute medical or psychiatric illness, severe coronary artery disease, or symptoms of withdrawal with positive blood alcohol level.

LORAZepam (ATIVAN) oral tablet (preferred in elderly, severe asthma, risk of respiratory failure, acute alcoholic hepatitis or cirrhosis) Dose: 2 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication(s):

Admin Instructions:

Give loading dose and reassess CIWA_r in 2 hours.

Hold medication/contact MD if RR <12, Systolic BP < 90

chlordiazepOXIDE (LIBRIUM) oral capsule Dose: 50 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication(s):

Admin Instructions:

Give loading dose and reassess CIWA_r in 2 hours.

Hold medication/contact MD if RR <12, Systolic BP < 90

diazepam (VALIUM) oral tablet Dose: 10 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication(s):

Admin Instructions:

Give loading dose and reassess CIWA_r in 2 hours.

Hold medication/contact MD if RR <12, Systolic BP < 90

Sign: _____ Printed Name: _____ Date/Time: _____

Benzodiazepine IV loading dose

IV loading dose recommended if initial CIWA >18

LORAZepam (ATIVAN) IV (preferred in elderly, severe asthma, risk of respiratory failure, acute alcoholic hepatitis or cirrhosis) Dose: 2 mg Route: intravenous Frequency: every 1 hour Frequency Limit: 3 Occurrences

Question(s):

Indication(s):

Admin Instructions:

Prior to each dose, assess CIWA score and give dose if greater than or equal to 10. If CIWA score is <10, discontinue loading doses and proceed to standard PRN CIWA management with assessment q4h.

Hold medication/contact MD if RR <12, Systolic BP < 90

diazePAM (VALIUM) IV Dose: 5 mg Route: intravenous Frequency: every 1 hour Frequency Limit: 3

Occurrences

Question(s):

Indication:

Admin Instructions:

Prior to each dose, assess CIWA score and give dose if greater than or equal to 10. If CIWA score is <10, discontinue loading doses and proceed to standard PRN CIWA management with assessment q4h.

Hold medication/contact MD if RR <12, Systolic BP < 90

ED CIWA Protocols

ED CIWA Protocol

LORazepam oral or IV (preferred in elderly, severe asthma, risk of respiratory failure, acute alcoholic hepatitis or cirrhosis)

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 **PRN Reasons:** agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN

PRN Comment: for CIWA score 9-15 **PRN Reasons:** agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 **PRN Reasons:** agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN

PRN Comment: for CIWA score 9-15 **PRN Reasons:** agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

diazePAM oral or IV

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

Sign: _____ Printed Name: _____ Date/Time: _____

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

CIWA Protocol

LORazepam oral or IV (preferred in elderly, severe asthma, risk of respiratory failure, acute alcoholic hepatitis or cirrhosis)

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN

PRN Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN

PRN Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

Chlordiazepoxide (LIBRIUM) Oral

Select **BOTH** -

- **chlordiazePOXIDE (LIBRIUM) 25 mg PO** – for CIWAr 10-18
- chlordiazePOXIDE (LIBRIUM) 50 mg PO** – for CIWAr >18

chlordiazePOXIDE (LIBRIUM) capsule Dose: 25 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWAr score 10-18 PRN Reasons: withdrawal

Question(s):

Indication(s):

Admin Instructions:

Hold medication/contact MD if RR <12, Systolic BP < 90

chlordiazePOXIDE (LIBRIUM) capsule Dose: 50 mg Route: oral Frequency: every 4 hours PRN PRN

Comment: for CIWAr >18 PRN Reasons: withdrawal

Question(s):

Indication(s):

Admin Instructions:

Hold medication/contact MD if RR <12, Systolic BP < 90

diazePAM oral or IV

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

IP CIWA Protocols

LORazepam oral or IV (preferred in elderly, severe asthma, risk of respiratory failure, acute alcoholic hepatitis or cirrhosis)

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

LORazepam (ATIVAN) Oral or IV

LORazepam (ATIVAN) tablet Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give the tablet if the patient can tolerate oral medication.

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN

Comment: for CIWA score 9-15 PRN Reasons: agitation

Question(s):

Indication(s): Withdrawal

Admin Instructions:

Give if unable to take oral OR symptoms inadequately controlled on oral medication.

Chlordiazepoxide (LIBRIUM) Oral

Select **BOTH** -

Sign: _____ Printed Name: _____ Date/Time: _____

- chlordiazePOXIDE (LIBRIUM) 25 mg PO – for CIWA 10-18
- chlordiazePOXIDE (LIBRIUM) 50 mg PO – for CIWA >18

chlordiazePOXIDE (LIBRIUM) capsule Dose: 25 mg Route: oral Frequency: every 4 hours PRN PRN
Comment: for CIWA score 10-18 PRN Reasons: withdrawal

Question(s):

Indication(s):

Admin Instructions:

Hold medication/contact MD if RR <12, Systolic BP < 90

chlordiazePOXIDE (LIBRIUM) capsule Dose: 50 mg Route: oral Frequency: every 4 hours PRN PRN
Comment: for CIWA >18 PRN Reasons: withdrawal

Question(s):

Indication(s):

Admin Instructions:

Hold medication/contact MD if RR <12, Systolic BP < 90

diazePAM oral or IV

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

diazePAM (VALIUM) Oral or IV

diazePAM (VALIUM) tablet Dose: 2 Route: oral Frequency: every 4 hours PRN

Question(s):

Indication(s):

diazePAM (VALIUM) injection Route: intravenous Frequency: every 4 hours PRN

Question(s):

Indication:

PHENobarbital (consider for initial CIWA > 18 OR patients at higher risk for progression to severe AWS)
ED/IMU/ICU use ONLY

Psychiatry Consultation Recommended: Should NOT delay the treatment of patients in Alcohol
Withdrawal State

EXCLUSION CRITERIA: age >65, hypotension (SBP <90 mmHg or MAP <65 mmHg), cirrhosis/severe
hepatic impairment, acute respiratory failure/non-invasive or invasive ventilation,
pregnancy/breastfeeding

Significant amount of benzodiazepines equivalent to

- Lorazepam IV GREATER THAN or EQUAL to 10 mg in the previous 4 hours
- Diazepam IV GREATER THAN or EQUAL to 40 mg in the previous 4 hours

Vital Signs

Vital signs - Every 15 minutes during Phenobarbital administration then per unit protocol Frequency: Every
15 min Priority: Routine

Phenobarbital Options

OPTION 1) WITH Loading Dose – For Emergency Department patients who have NOT received significant
doses of benzodiazepines

Significant amount of benzodiazepines equivalent to :

- Lorazepam IV GREATER THAN or EQUAL to 10 mg in the previous 4 hours
- Diazepam IV GREATER THAN or EQUAL to 40 mg in the previous 4 hours

Sign: _____ Printed Name: _____ Date/Time: _____

PHENobarbital IV loading dose Dose: 65 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Admin Instructions:

Indication: Loading Dose for Alcohol Withdrawal.

Doses up to 260 mg are given SLOW IV Push over 4-5 minutes. Doses over 260 mg are administered IVPB over 30 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

Maintenance doses for CIWA 10 - 18 or greater than 18

PHENobarbital injection Dose: 65 mg Route: intravenous Frequency: every 15 min PRN Frequency Limit: 4 Occurrences PRN Comment: for CIWA 10-18 PRN Reasons: withdrawal

Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA 10-18

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

PHENobarbital injection Dose: 130 mg Route: intravenous Frequency: every 15 min PRN Frequency Limit: 4 Occurrences PRN Comment: for CIWA greater than 18 PRN Reasons: withdrawal

Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA greater than 18.

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

OPTION 2) MODIFIED loading dose - for patients outside the emergency department (IMU/ICU Only)

PHENobarbital IV loading dose Dose: 260 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Admin Instructions:

Indication: Loading Dose for Alcohol Withdrawal.

Doses up to 260 mg are given SLOW IV Push over 4-5 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

Maintenance doses for CIWA 10 - 18 or greater than 18

PHENobarbital injection Dose: 65 mg Route: intravenous Frequency: every 15 min PRN
Frequency Limit: 4 Occurrences PRN Comment: for CIWA 10-18 PRN Reasons: withdrawal
Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA 10-18

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

PHENobarbital injection Dose: 130 mg Route: intravenous Frequency: every 15 min PRN
Frequency Limit: 4 Occurrences PRN Comment: for CIWA greater than 18 PRN Reasons: withdrawal
Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA greater than 18.

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

OPTION 3) NO LOADING DOSE – For patients who have received significant doses of benzodiazepines
Significant amount of benzodiazepines equivalent to :

- Lorazepam IV GREATER THAN or EQUAL to 10 mg in the previous 4 hours
- Diazepam IV GREATER THAN or EQUAL to 40 mg in the previous 4 hours

Maintenance doses for CIWA 10 - 18 or greater than 18

PHENobarbital injection Dose: 65 mg Route: intravenous Frequency: every 15 min PRN
Frequency Limit: 4 Occurrences PRN Comment: for CIWA 10-18 PRN Reasons: withdrawal
Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA 10-18

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

PHENobarbital injection Dose: 130 mg Route: intravenous Frequency: every 15 min PRN
Frequency Limit: 4 Occurrences PRN Comment: for CIWA greater than 18 PRN Reasons: withdrawal
Admin Instructions:

Indication: For Alcohol Withdrawal.

For CIWA greater than 18.

Administer SLOW IV Push over 2 minutes.

- o Temperature: Hold for Tmax > 100.9°F
- o Pulse: Hold for HR < 60 Beats per min
- o Respirations: Hold for RR < 10 per min
- o Blood Pressure: Hold for Systolic Blood Pressure < 90 mmHg

Consult Psychiatry

Sign: _____ Printed Name: _____ Date/Time: _____

Urine drugs of abuse screen - Consider if not done in last 48 hours Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Consult Psychiatry Frequency: Once Priority: Routine

Question(s):

Patient Type:

Call back requested:

Was patient informed that a psychiatry consult is being requested:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Process Instructions:

Place a Psychiatry Consult order leaving the Provider dropdown blank and selecting HMH Psychiatry Consults under Provider Group.

ROUTINE Consults are seen the next business day.

Same Day Consults (Urgent Requests):

During normal business hours, send an EPIC Chat to HMH Psychiatry Consults noting that the consult is urgent.

After hours or on weekends, contact the physician on call through the EPIC On-Call Finder (HMH Psychiatry ED/On Call).

 ED/ICU/IMU only - Adjuvant Medications

haloperidol lactate (HALDOL) injection Dose: 2.5 mg Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication:

Product Admin Instructions:

May cause QTc prolongation.

droPERidol (INAPSINE) injection Dose: 2.5 mg Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication:

 Vitamins

Prevention of Wernicke's Encephalopathy: thiamine (B-1) IV

thiamine (B-1) IVPB Dose: 200 mg Route: intravenous Frequency: daily Frequency Limit: 3 Days

Treatment of Wernicke's Encephalopathy: thiamine (B-1) IV

thiamine (B-1) injection Dose: 500 mg Route: intravenous Frequency: 3 times daily Frequency Limit: 5 Days

THIAMINE ORAL ORDERABLE Dose: 100 mg Route: oral Frequency: daily

folic acid injection Dose: 1 mg Route: intravenous Frequency: daily Frequency Limit: 3 Days

folic acid (FOLVITE) tablet Dose: 1 mg Route: oral Frequency: daily

multivitamin tablet with minerals Dose: 1 tablet Route: oral Frequency: daily

 Supportive Care

ondansetron (ZOFTRAN) Oral or IV

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours

PRN PRN Reasons: nausea

vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) IV Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons:

nausea

vomiting

Admin Instructions:

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

Product Admin Instructions:

May cause QTc prolongation.

Sign: _____ Printed Name: _____ Date/Time: _____

gabapentin (NEURONTIN) capsule Dose: 100 mg Route: oral Frequency: 3 times daily

Labs

Labs Today

CBC with differential Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Alcohol level, blood Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Primary Ordering Comments:

Specimen must be placed on ice and delivered immediately to the Core Laboratory.

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Magnesium level Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

hCG, serum, quantitative Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Question(s):

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

Hepatic function panel Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Urinalysis screen and microscopy, with reflex to culture Frequency: Once Priority: Routine Specimen Type: Urine
Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

Specimen must be received in the laboratory within 2 hours of collection.

Urine drugs of abuse screen Frequency: Once Priority: Routine Specimen Type: Urine

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Consults

Consult to social work - Patient requesting rehab placement Frequency: Once Priority: Routine

Question(s):

Reason for Consult: Other Specify

Specify: Patient requesting rehab placement.

Reason for Consult?

Consult to social work - Alcohol and Drug resources Frequency: Once Priority: Routine Comments: Alcohol and Drug resources.

Question(s):

Reason for Consult: Other Specify

Specify: Alcohol and Drug resources.

Reason for Consult?

Additional Orders