

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

SO ED Diarrhea and/or Vomiting

Version 1 8/18/15

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

Diarrhea and/or Vomiting (over 2 instances in past 4 hours)

Nursing Orders

- Vital Signs Orthostatic

Diet

- NPO

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

Medications

ondansetron (ZOFTRAN)

- 4 milligram intravenously once as needed for nausea/vomiting

- If no IV present Select:

ondansetron (ZOFTRAN)

- 4 milligram sublingually once as needed for nausea/vomiting

Laboratory

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- UA W/MICROSCOPY, CULT IF INDIC

IF Epigastric or RUQ Pain Present Select:

- LIPASE

IF Female of Menstruating Age and No Hysterectomy Select:

- PREGNANCY TEST, SERUM

Provider Signature: _____ Date: _____ Time: _____