BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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 Fever   Version 1   8/18/15

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

Adult Fever (Temp > 100.4 F)

IV/ Line Insert and/or Maintain
☑ Peripheral IV insert/maintain

IV Fluids - Maintenance
Sodium Chloride 0.9% IV
☑ 125 milliliter/hour continuous intravenous infusion

Medications
● Select ONE:
acetaminophen (TYLENOL)
☐ 650 milligram tablet orally once
☐ 650 milligram suppository rectally once

Laboratory
☑ CBC/AUTO DIFF
☑ COMPREHENSIVE METABOLIC PANEL
☑ UA W/MICROSCOPY, CULT IF INDIC
☑ LACTIC ACID, PLASMA
☑ BLOOD CULTURE Quantity: 2; Additional Instructions to Phlebotomist: From 2 different sites, 5 minutes apart

If sore throat symptoms present SELECT:
☐ RAPID GROUP A STREP

Radiology and Diagnostic Tests
If signs and symptoms of respiratory infection present SELECT:
XR Chest PA and Lateral
☐ routine Reason for exam: _____

Provider Signature:_____Date:_____Time:_____