

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

ED Abdominal

Version 2 06/01/16

General

- IF GI Bleed is suspected please use the ED GI Bleed Order Set

Nursing Orders

- ☒ Vital signs per unit standard
- ☐ Vital signs non unit standard: _____
- ☐ Cardiac monitor
- ☐ Point of Care Capillary Blood Glucose
- Nasogastric/orogastric tube insert/maintain
 - ☐ low intermittent suction
- ☐ Foley Catheter Insert/Maintain
- ☐ Straight Catheter
- ☐ Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

IV/ Line Insert and/or Maintain

- ☐ Peripheral IV insert/maintain

IV Fluids - Volume Bolus

Edit volume and rate

Sodium Chloride 0.9% IV

- ☐ 1000 milliliter BOLUS intravenously followed by continuous infusion if ordered

IV Fluids - Maintenance

Sodium Chloride 0.9% IV

- ☐ 125 milligram/hour continuous intravenous infusion

Medications

Analgesics

morphine

- ☐ 4 milligram intravenously once
- ☐ 6 milligram intravenously once

HYDROMORPHONE (DILAUDID)

- ☐ 0.5 milligram intravenously once
- ☐ 1 milligram intravenously once

- Do not order ketorolac (TORADOL) if GI Bleeding is suspected
- ketorolac (TORADOL)

- ☐ 15 milligram intravenously once
- ☐ 30 milligram intravenously once
- ☐ 30 milligram intramuscularly once
- ☐ 60 milligram intramuscularly once

fentaNYL

- ☐ 50-100 microgram slow intravenous push once

Initials _____

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

Antiemetics

- metoclopramide (REGLAN)
 - ☐ 10 milligram intravenously once
- ondansetron (ZOFRAN)
 - ☐ 4 milligram intravenously once
- promethazine (PHENERGAN)
 - ☐ 12.5 milligram intravenously once
- prochlorperazine (COMPAZINE)
 - ☐ 10 milligram intravenously once

Miscellaneous Agents

- pantoprazole (PROTONIX)
 - ☐ 40 milligram intravenously once
 - ☐ 40 milligram orally once
- MINTOX or Formulary Substitute
 - ☐ 30 milliliter orally once
- famotidine (PEPCID)
 - ☐ 20 milligram intravenously once
 - ☐ 20 milligram orally once

For GI Cocktail WITH lidocaine SELECT ALL:

- alum-mag hydroxide-simeth 400 mg-400 mg-40 mg/5 mL oral susp (MINTOX)
 - ☐ 30 milliliter orally once Mix with donnatal and viscous lidocaine to make GI Cocktail
- Lidocaine Viscous
 - ☐ 10 milliliter orally once Mix with MINTOX and dannatal to make GI Cocktail

Laboratory

- ☐ CBC/AUTO DIFF
- ☐ BASIC METABOLIC PANEL
- ☐ PREGNANCY TEST, SERUM
- ☐ LACTIC ACID, PLASMA
- ☐ LIPASE
- ☐ LIVER PANEL
- ☐ PT (PROTIME AND INR)
- ☐ PTT
- ☐ UA W/MICROSCOPY, CULT IF INDIC
- ☐ FECAL OCCULT BLOOD
- ☐ C DIFF ALGORITHM (WITH REFLEX)
- ☐ O&P (GIARDIA/CRYPTOSPORIDIUM)
- ☐ CULTURE, STOOL AND LACTOFERRIN
- ☐ CULTURE, GENITAL & GRAM STAIN

Radiology and Diagnostic Tests

- ☐ XR Chest PA and Lateral Reason for exam: _____
- ☐ XR Abdomen 1 View Reason for exam: _____
- ☐ XR Abdomen Complete w/ PA Chest Reason for exam: _____
- ☐ XR Abdomen Complete 2 View Reason for exam: _____

Initials _____

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

CT

- CT Renal Colic is a CT abd/pelvis without IV or oral contrast:
 - ☐ CT Renal Colic Reason for exam: _____
- CT Abd/Pelvis with IV includes oral contrast unless otherwise specified:
 - ☐ CT Abd/Pelvis with IV Contrast Reason for exam: _____
- CT Abd/Pelvis without IV includes oral contrast unless otherwise specified:
 - ☐ CT Abd/Pelvis without IV Contrast Reason for exam: _____

Ultrasound

- For evaluation of gallbladder, pancreas, liver, spleen, aorta and both kidney SELECT:
 - ☐ US Abdomen Complete Reason for exam: _____
- For evaluation of gallbladder, RUQ, or targeted ROI-hernia/Spleen/ST mass SELECT:
 - ☐ US Abdomen Limited/ Follow-up Reason for exam: _____
- For Generalized Pain (includes evaluation of uterus, ovaries and adnexa) SELECT:
 - ☐ US Pelvic Complete Reason for exam: _____
- For Suspected Aortic Dissection SELECT:
 - ☐ US Retroperitoneal Limited Reason for exam: _____
- For Complete Evaluation of Both Kidneys and Bladder SELECT:
 - ☐ US Retroperitoneal Complete Reason for exam: _____
 - ☐ US OB/Fetal (Generic) Reason for exam: _____

Specific Procedure Requested: _____

- For Evaluation of Testicles and Epididymis SELECT:
 - ☐ US Scrotum Reason for exam: _____

Consult Provider

- Provider to provider notification preferred.
 - ☐ Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____