

(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: \_\_\_\_\_

**ED Acetaminophen Toxicity**

Version 1 8/18/15

**Nursing Orders**

- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Cardiac monitor
- Pulse oximetry continuous

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain

**Medications**

**N-acetylcysteine Dosing**

Weight  $\geq$  40 kg

acetylcysteine (MUCOMYST)

- 150 milligram/kilogram in 200 mL D5W intravenously once OVER 60 minutes, bag 1 of 3 (MAX dose 15 gram)
- 50 milligram/kilogram in 500 mL D5W intravenously once OVER 4 hours, bag 2 of 3 (MAX dose 5 gram)
- 100 milligram/kilogram in 1000 mL D5W intravenously once OVER 16 hours, bag 3 of 3 (MAX dose 10 gram)

Weight < 40 kg OR for fluid restricted patient

acetylcysteine (MUCOMYST)

- 150 milligram/kilogram in 100 mL D5W intravenously once OVER 60 minutes, bag 1 of 3
- 50 milligram/kilogram in 250 mL D5W intravenously once OVER 4 hours, bag 2 of 3
- 100 milligram/kilogram in 500 mL D5W intravenously once OVER 16 hours, bag 3 of 3

**Laboratory**

- COMPREHENSIVE METABOLIC PANEL
- HEPATIC FUNCTION PANEL
- ACETAMINOPHEN LEVEL
- PT (PROTIME AND INR)
- PTT

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_