

(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 Anaphylaxis/Allergic Reaction

Version 2 11/16/15

Nursing Orders

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

EPINEPHrine 1 mg/mL injectable solution

- 0.3 milligram intramuscularly once May repeat every 5 minutes as needed for hypersensitivity reaction.

methyLPREDNISolone (SOLU-MEDROL)

- 125 milligram intravenously once

diphenhydrAMINE (BENADRYL)

- 25 milligram intravenously once
- 50 milligram intravenously once

famotidine (PEPCID)

- 20 milligram intravenously once

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)

- 3 milliliter by nebulizer once

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer once

Provider Signature: _____ Date: _____ Time: _____