

(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 General Orders**

**Version 4 4/2/19**

**Nursing Orders**

- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Cardiac monitor
- Pulse oximetry continuous
- Weight [Measure (NOT STATED) weight in KG]
- Point of Care Capillary Blood Glucose NOW
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Straight Catheter
- Foley Catheter Insert/Maintain
- Other: \_\_\_\_\_

**Diet**

- NPO

**IV Placement**

- Peripheral venous cannula insertion/management
- Intraosseous Insert/Maintain
- Central Venous Catheter Maintain

**IV Fluids - Volume Bolus**

- Edit volume and rate
- Sodium Chloride 0.9% IV
  - 1000 milliliter BOLUS 999 milliliter/hour intravenously

**IV Fluids - Maintenance**

- Sodium Chloride 0.9% IV
  - 125 milliliter/hour continuous intravenous infusion
- Lactated Ringers IV
  - 125 milliliter/hour continuous intravenous infusion

**Medications**

**Analgesics**

**Oral**

- acetaminophen (TYLENOL)
  - 650 milligram orally once
  - 1000 milligram orally once
- ibuprofen (MOTRIN)
  - 400 milligram orally once
  - 600 milligram orally once
- HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)
  - 1 tablet orally once
  - 2 tablet orally once

**IV One Time**

- morphine
  - 4 milligram intravenously once
  - 6 milligram intravenously once

Initials \_\_\_\_\_

(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

- HYDRomorphone (DILAUDID)
  - 0.5 milligram intravenously once
  - 1 milligram intravenously once
- ketorolac (TORADOL)
  - 15 milligram intravenously once
  - 30 milligram intravenously once
- fentaNYL
  - 25 microgram slow intravenously once
  - 50 microgram slow intravenously once

**Antiemetics**

- ondansetron (ZOFRAN)
  - 4 milligram intravenously once
- ondansetron (ZOFRAN)
  - 4 milligram sublingually once
  - 8 milligram sublingually once
- promethazine (PHENERGAN)
  - 12.5 milligram intravenously once
- prochlorperazine (COMPazine)
  - 10 milligram intravenously once

**Bronchodilators : Nebulized**

- 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 (0.086%) solution for nebulization (VENTOLIN)
  - 2.5 milligram by nebulizer once
  - 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing
- ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)
  - 0.5 milligram by nebulizer once

**Laboratory**

- ALCOHOL, ETHYL LEVEL
- AMYLASE
- Blood gas study, Arterial
- BASIC METABOLIC PANEL
- CK (CPK)
- COMPREHENSIVE METABOLIC PANEL
- CBC/AUTO DIFF
- C REACTIVE PROTEIN
- D DIMER
- DIGOXIN LEVEL
- LACTIC ACID, PLASMA once
- LACTIC ACID, PLASMA every 2 hours x 3
- LIPASE
- LIVER PANEL
- MAGNESIUM LEVEL, PLASMA
- NT pro-BNP
- PHOSPHORUS LEVEL, PLASMA

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**

- PREGNANCY TEST, SERUM
- PROCALCITONIN
- PT (PROTIME AND INR)
- PTT
- SED RATE (ESR)
- TROPONIN I once
- TROPONIN I every 2 hours x 2
- TYPE AND SCREEN
- BLOOD CULTURE STAT Quantity: 2; Additional Instructions to Phlebotomist: From 2 different sites, 5 minutes apart
- CULTURE, SPUTUM AND GRAM ST RT to induce
- CULTURE, WOUND AND GRAM STAIN [RB]
- CULTURE, URINE
- UA W/MICROSCOPY CULT IF INDIC
- UA WITH MICROSCOPY
- URINE DRUG SCREEN
- C DIFFICILE TOXIN BY PCR
- RESPIRATORY VIRAL PANEL BY PCR

**Radiology and Diagnostic Tests**

- XR Chest Single , portable, Reason for exam: \_\_\_\_\_
- XR Chest PA and Lateral Reason for exam: \_\_\_\_\_
- ED ECG (ED Provider Only)
  - routine Reason for exam: \_\_\_\_\_

**CT**

- CT Head without Contrast Reason for exam: \_\_\_\_\_
- 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: \_\_\_\_\_

**Consult Provider**

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

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