(place patient label here)

Patient Name:_____

Order Set Directions:
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Diagnosis: _____

Allergies with reaction type:_____

ED Headache/Migraine   Version 1   8/18/15

Nursing Orders
- ☑ Vital signs per unit standard
- ☐ Cardiac monitor
- ☐ 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 -Oral
   acetaminophen (TYLENOL)
- ☐ 650 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

   naproxen
- ☐ 500 milligram orally once

   oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)
- ☐ 1 tablet orally once
- ☐ 2 tablet orally once

   oxyCODONE 5 mg tablet
- ☐ 1 tablet orally once
- ☐ 2 tablet orally once

   Butalbital Compound W/Codeine (FIORICET w/ codeine)
- ☐ 1-2 tablet orally once

   butalbital-acetaminophen-caffeine (FIORICET without codeine)
- ☐ 1-2 tablet orally once

Analgesics -IV One Time
   morphine
- ☐ 4 milligram intravenous push once
- ☐ 6 milligram intravenous push once

   HYDROmorphone (DILAUDID)
- ☐ 0.5 milligram intravenous push once
- ☐ 1 milligram intravenous push once

   ketorolac (TORADOL)
- ☐ 15 milligram intravenous push once
- ☐ 30 milligram intravenous push once

   fentaNYL

Initials_____

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  ☐ 25 microgram slow intravenous push once
  ☐ 50 microgram slow intravenous push once

Analgesics -IM One Time
 morphine
  ☐ 4 milligram intramuscularly once
  ☐ 6 milligram intramuscularly once
 ketorolac (TORADOL)
  ☐ 30 milligram intramuscularly once
  ☐ 60 milligram intramuscularly once
Antiemetics
 promethazine (PHENERGAN)
  ☐ 25 milligram intramuscularly once
  ☐ 12.5 milligram intravenously once
 metoclopramide (REGLAN)
  ☐ 10 milligram intravenously once
 prochlorperazine (COMPAZINE)
  ☐ 10 milligram intravenously once
 ondansetron (ZOFRAN)
  ☐ 4 milligram intravenously once
Electrolyte Replacement
 magnesium sulfate
  ☐ 1 gram intravenously once
  ☐ 2 gram intravenously once
Miscellaneous Agents
 dexamethasone
  ☐ 10 milligram intravenously once
 dihydroergotamine (DHE 45)
  ☐ 1 milligram intravenously once
  ☐ 1 milligram intramuscularly once
 diphenhydrAMINE (BENADRYL) capsule
  ☐ 25 milligram orally once
 diphenhydrAMINE (BENADRYL)
  ☐ 12.5 milligram intravenously once
  ☐ 25 milligram intravenously once
 levETIRAcetam 500 mg tab (KEPPRA)
  ☐ 500 milligram orally once
 meclizine 25 mg tablet (DRAMAMINE LESS DROWSY)
  ☐ 25 milligram orally once
 rizatriptan benzoate 5 mg tab (MAXALT)
  ☐ 5 milligram orally once
 SUMAtriptan succinate 50 mg tab (IMITREX)
  ☐ 50 milligram orally once
 SUMAtriptan (IMITREX) inj
  ☐ 6 milligram subcutaneously once
 divalproex ER 500 mg tablet,extended release 24 hr (DEPAKOTE ER)
  ☐ 500 milligram orally once

Laboratory
● Please select the ED Lumbar Puncture Order Set for Cerebrospinal Fluid Studies
Initials_____

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- ☐ CBC/AUTO DIFF
- ☐ COMPREHENSIVE METABOLIC PANEL
- ☐ C REACTIVE PROTEIN
- ☐ PT (PROTIME AND INR)
- ☐ SED RATE (ESR)
- ☐ PREGNANCY TEST, SERUM

Radiology
- ☐ CT Head without Contrast Reason for exam: _____
- ☐ MRI Brain without 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:_____