

(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 Hemoptysis**

Version 2 4/2/19

**Nursing Orders**

- Vital signs per unit standard
- Cardiac monitor
- Pulse oximetry continuous
- Isolation Type of Isolation: Airborne
- 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-Maintenance**

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

**Laboratory**

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- BASIC METABOLIC PANEL
- PT (PROTIME AND INR)
- PTT
- D DIMER
- CULTURE, SPUTUM AND GRAM ST
- CULTURE, AFB AND SMEAR
- UA W/MICROSCOPY, CULT IF INDIC
- TYPE AND SCREEN

**Radiology and Diagnostic Tests**

**Radiology and Diagnostic Tests**

- ED ECG (ED Provider Only) Reason for exam: \_\_\_\_\_
- XR Chest Single , portable, Reason for exam: \_\_\_\_\_
- XR Chest PA and Lateral Reason for exam: \_\_\_\_\_
- CT Chest wo+w IV Contrast Reason for exam: \_\_\_\_\_
- CT PE Chest Reason for exam: \_\_\_\_\_
- NM Lung Vent & Perfusion Imag 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: \_\_\_\_\_