

(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 Intra-Abdominal Infection

Version 4 7/24/19

- This order set is designed for patients that will be admitted.
- ***This order set is not intended for patients with Severe Sepsis/ Septic Shock-*** For these patients, use the ED Sepsis order set

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard: _____
- Verify that blood and intra-abdominal cultures (if ordered) have been obtained before starting antibiotics

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance

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

Medications

Community Onset Intra-Abdominal Infection Anti-Infectives

- Examples: perforated duodenal ulcer, ascending cholangitis, acute diverticulitis, acute appendicitis
- First Line Treatment No Cephalosporin Allergy AND No Anaphylaxis to Penicillin: SELECT***
cefOXitin (MEFOXIN)

- 2 gram intravenously once

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT ALL

- metroNIDAZOLE (FLAGYL)
 - 500 milligram intravenously once
- aztreonam (AZACTAM)
 - 2 grams intravenously once
- vancomycin
 - 15 milligram/kilogram IV once

Healthcare-associated Intra-Abdominal Infection Anti-Infectives

- Examples: perforated viscus, ischemic bowel, diverticular abscess

First Line Treatment (No Anaphylaxis to Penicillin): SELECT

- piperacillin/tazobactam (ZOSYN)
 - 4.5 grams intravenously once

Allergy to Penicillin, but NO cephalosporin allergy: SELECT ALL

- Cefepime (MAXIPIME)
 - 2 grams IV once
- metroNIDAZOLE (FLAGYL)
 - 500 milligram intravenously once

Anaphylaxis to Penicillin and/or Allergy to Cephalosporin: SELECT ALL

- metroNIDAZOLE (FLAGYL)
 - 500 milligram intravenously once
- aztreonam (AZACTAM)
 - 2 grams IV once
- vancomycin
 - 15 milligram/kilogram IV once

Initials _____

(place patient label here)

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PROVIDER ORDERS

Laboratory

- Select the following only if not already done
- *** NOTE: If patient goes to the OR ALWAYS send any intra-abdominal/pelvic pus/ purulent secretions for culture and gram stain, aerobic and anaerobic and fungal culture***
CULTURE, BLOOD
 - x 2 from 2 different sites 5 minutes apart

Consults

- Physician to physician notification preferred.
- General Surgery consult as indicated (acute abdomen, free intraperitoneal air, etc.)
 - Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____