(place patient label here) Patient Name: Order Set Directions: > (√)- Check orders to activate; Orders with pre-checked box ☑ will be for a latitude each place in the pre-printed order set where changes such as ad initial each page and Sign/Date/Time last page		Ber Hospital	ALTH SYSTEM CIS ALS ER ORDERS
lagnosis:llergies with reaction type:			
 ED Overdose Nursing Orders ☑ Vital signs per unit standard ☐ Vital signs non unit standard ☐ Cardiac monitor ☑ Pulse oximetry continuous ☑ Oxygen Delivery RN/RT to Determine Titrate ☐ Assess neurologic status every hour ☐ Point of Care Capillary Blood Glucose NOW ☐ Foley Catheter Insert/Maintain Nasogastric/orogastric tube insert/maintain ☐ low intermittent suction ☐ Seizure precautions ☐ Suicide precautions		Version 2 eater than 90%	4/2/19
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 follow IV Fluids - Maintenance Sodium Chloride 0.9% IV	owed by continuous infusion if ord	lered	
■ 125 milligram/hour continuous intravenous Medications • For acetaminophen toxicity please use the aceta Antidotes and Rescue Agents activated charcoal □ 50 gram by nasogastric tube once □ 50 gram orally once sodium bicarbonate □ 1 milliequivalent/kilogram intravenously	minophen toxicity order set with t	:his order set	
Response to suspected opiate related respination naloxone (NARCAN) 0.4 mg/mL injection □ 0.4 milligram slow intravenous push as (subcutaneous or intramuscularly if no is responsive and able to maintain airways).	needed for respiratory rate less the IV access). Repeat every 2 minute	es (MAX 5 milligrar	n) until patient

Response to suspected benzodiazepine related over-sedation

flumazenil (ROMAZICON)

□ 0.2 milligram slow intravenous push over 15 seconds as needed for over-sedation; May repeat every minute for continued over-sedation. MAX cumulative dose: 1 milligram; In the event of resedation repeat doses may be given at 20 minute intervals at 1 milligram per minute to MAX of 1 milligram total dose and MAX of 3 milligram in 1 hour.

Initial	S

(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	BENEFIS HEALTH SYSTEM BENEFIS HOSPITALS PROVIDER ORDERS
Hypoglycemia and Unresponsive Patient Blood Glucose 50-70 mg/dL SELECT: dextrose 50% in water (D50W) □ 25 milliliter over 2-3 minutes intravenously once as needed for capille AND PATIENT IS UNRESPONSIVE (25 milliliter = 12.5 gram) Recheck minutes, If less than 70 mg/dL, follow protocol again.	
Blood Glucose less than 50 mg/dL SELECT: dextrose 50% in water (D50W) □ 50 gram over 2-3 minutes intravenously once as needed for capillary AND PATIENT IS UNRESPONSIVE (50 milliliter = 25 gram) Recheck of minutes, If less than 70 mg/dL, follow protocol again.	
Laboratory CBC/AUTO DIFF COMPREHENSIVE METABOLIC PANEL Blood gas study arterial MAGNESIUM LEVEL, PLASMA PHOSPHORUS LEVEL, PLASMA SERUM OSMOLALITY PT (PROTIME AND INR) LIVER PANEL TROPONIN I PREGNANCY TEST, SERUM ACETAMINOPHEN LEVEL ALCOHOL, ETHYL LEVEL DIGOXIN LEVEL LITHIUM LEVEL METHADONE LEVEL, SERUM	

□ SALICYLATE LEVEL□ UA WITH MICROSCOPY□ URINE DRUG SCREEN

Radiology and Diagnostic Tests

□ ED ECG (ED Provider Only) Reason for exam: ______
□ XR Chest Single , portable, Reason for exam: ______