

(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 Urinary Retention

Version 1 8/18/15

Nursing Orders

- Vital signs per unit standard
- Bladder Volume Index (BVI) Now
- Foley Catheter Insert/Maintain
- Straight Catheter

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

Laboratory

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- UA W/MICROSCOPY, CULT IF INDIC

Radiology and Diagnostic Tests

XR Abdomen 1 View

- routine Reason for exam: _____

CT Abd/Pelvis with IV Contrast

- routine Reason for exam: _____

US Pelvic Complete

- routine Reason for exam: _____

Consult Provider

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

Provider Signature: _____ Date: _____ Time: _____