General

Notify Physician

[] Notify physician if patient needs treatment with any PRN medication for an aspirin desensitization reaction.

Routine, Until discontinued, Starting S, Notify physician if patient needs treatment with any PRN medication for an aspirin desensitization reaction.

Nursing

Monitoring Parameters:

[] Vital signs - T/P/R/BP	Routine, As needed
	Vitals prior to each aspirin dose
[] Maintain IV access	Routine, Until discontinued, Starting S
	Maintain IV access at all time, Start Normal Saline (0.9%) at a rate of 20 mLs/hr if previous access has not been established
[] Have code blue cart readily available prior to starting desensitization orders.	Routine, Once For 1 Occurrences Have code blue cart readily available prior to starting desensitization orders.

IV Fluids

IV Fluids - Start Normal Saline (0.9%) at 20 mL/hr if previous access has not been established

[] sodium chloride 0.9 % infusion	intravenous, at 20 mL/hr, continuous
	Maintain IV access at all times.

Medications

As needed medications for treatment of mild to severe reactions during desensitization

[X] epINEPHrine (ADRENALIN) 1 mg/1 mL injection	0.3 mg, intramuscular, once PRN, anaphylaxis, aspirin desensitization reaction - respiratory distress Notify provider if this medication is used to manage an aspirin desensitization reaction.
[X] diphenhydrAMINE (BENADRYL) injection	50 mg, intravenous, once PRN, aspirin desensitization reaction - itching Notify provider if this medication is used to manage an aspirin desensitization reaction.
[X] methylPREDNISolone sodium succinate (Solu-MEDROL) injection	60 mg, intravenous, once PRN, aspirin desensitization reaction - severe reaction Notify provider if this medication is used to manage an aspirin desensitization reaction.
[X] albuterol (PROVENTIL) nebulizer solution	5 mg, nebulization, every 30 min PRN, wheezing, aspirin desensitization reaction - significant respiratory distress Notify provider if this medication is used to manage an aspirin desensitization reaction. Aerosol Delivery Device:

Medication (Selection Required)

[X] Aspirin Desensitization Orders (Selection Requir	red) "Followed by" Linked Panel
[X] aspirin oral suspension 0.1 mg - Initial dose	0.1 mg, oral, once, For 1 Doses Initial dose
[X] aspirin oral suspension 0.3 mg - Dose 2	0.3 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #2
[X] aspirin oral suspension 1 mg - Dose 3	1 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #3
[X] aspirin oral suspension 3 mg - Dose 4	3 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #4
[X] aspirin oral suspension 10 mg - Dose 5	10 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #5

[X] aspirin oral suspension 30 mg - Dose 6	30 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #6
[X] aspirin oral suspension 40 mg - Dose 7	40 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #7
[X] aspirin chewable tablet 81 mg - Dose 8	81 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #8
[X] aspirin chewable tablet 162 mg dose - Dose 9	162 mg, oral, every 15 min, Starting H+15 Minutes, For 1 Doses Dose #9
abs	
Cardiology	
naging	
other Studies	
lespiratory	
lehab	
Consults	

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?

Additional Orders