

Nursing

Vital Signs (Single Response)

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours Include Pulse Ox check
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every hour For 999 Occurrences Include Pulse Ox check
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol Include Pulse Ox check

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance

Nursing

<input type="checkbox"/> Daily weights	Routine, Daily On arrival and daily.
<input type="checkbox"/> Intake and Output	Routine, Every shift
<input type="checkbox"/> Pulse oximetry check	Routine, With vitals Current FIO2 or Room Air: With Vital signs.

<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

<input type="checkbox"/> Neurological assessment	Routine, Per unit protocol Assessment to Perform: Perform with vitals.
<input type="checkbox"/> Sitter at bedside	Routine, Continuous
<input type="checkbox"/> Unit restrictions	Routine, Continuous
<input type="checkbox"/> PPD Test	"And" Linked Panel
<input type="checkbox"/> tuberculin injection	5 Units, intradermal, once, For 1 Doses
<input type="checkbox"/> Read PPD	Once, Starting S+2 For 1 Occurrences Read and document PPD 48 to 72 hours after placement.

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids

Peripheral IV Access

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

Anxiolytic Agents

<input type="checkbox"/> LORazepam (ATIVAN) injection	1 mg, intravenous, every 8 hours PRN, agitation, Acute Alcohol Withdrawal Indication(s): Withdrawal
<input type="checkbox"/> LORazepam (ATIVAN) tablet	1 mg, oral, every 8 hours PRN, agitation, Acute Alcohol Withdrawal Indication(s): Withdrawal
<input type="checkbox"/> chlordiazepOXIDE (LIBRIUM) capsule (avoid if age > 70 YO or severe liver disease)	25 mg, oral, every 8 hours For Acute Alcohol Withdrawal Indication(s): Withdrawal, Other Specify: agitation

Medications PRN

<input type="checkbox"/> QUetiapine (SEROquel) tablet	25 mg, oral, every 12 hours PRN, agitation Call MD before administering. Indication:
<input type="checkbox"/> OLANzapine (ZyPREXA) injection	5 mg, intramuscular, once PRN, agitation Call MD before administering. Indication:
<input type="checkbox"/> traZODone (DESYREL) tablet	50 mg, oral, every 12 hours PRN, sleep, anxiety Call MD before administering. Indication:

Labs

Labs STAT Prior to Lumbar Puncture

<input type="checkbox"/> CBC and differential	STAT For 1 Occurrences Draw prior to lumbar puncture.
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences Draw prior to lumbar puncture.
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences Draw prior to lumbar puncture.

Labs Today

<input type="checkbox"/> Alcohol level, blood	Once
<input type="checkbox"/> Ammonia	Once
<input type="checkbox"/> ANA	Once
<input type="checkbox"/> Blood gas, arterial	Once

<input type="checkbox"/> Calcium	Once
<input type="checkbox"/> Carboxyhemoglobin	Once
<input type="checkbox"/> CK total	Once
<input type="checkbox"/> C-reactive protein	Once
<input type="checkbox"/> D-dimer, quantitative	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> Homocystine, plasma	Once
<input type="checkbox"/> Rheumatoid factor	Once
<input type="checkbox"/> Sedimentation rate	Once
<input type="checkbox"/> T3	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> Vitamin B12	Once
<input type="checkbox"/> Vitamin D 25 hydroxy	Once
<input type="checkbox"/> hCG qualitative, urine	Once
<input type="checkbox"/> Urine drugs of abuse screen	Once
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> HIV Ag/Ab combination - HMM/HMSJ ONLY	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Arterial blood gas	Once
Labs Today - HMSJ	
<input type="checkbox"/> CBC and differential	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Alcohol level, blood	Once
<input type="checkbox"/> Ammonia	Once
<input type="checkbox"/> ANA	Once
<input type="checkbox"/> Blood gas, arterial	Once
<input type="checkbox"/> Calcium	Once
<input type="checkbox"/> Carboxyhemoglobin	Once
<input type="checkbox"/> CK total	Once
<input type="checkbox"/> C-reactive protein	Once
<input type="checkbox"/> D-dimer, quantitative	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> Homocystine, plasma	Once
<input type="checkbox"/> Rheumatoid factor	Once
<input type="checkbox"/> Sedimentation rate	Once
<input type="checkbox"/> T3	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> Vitamin B12	Once
<input type="checkbox"/> Vitamin D 25 hydroxy	Once
<input type="checkbox"/> hCG qualitative, urine	Once
<input type="checkbox"/> Urine drugs of abuse screen	Once
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> HIV Ag/Ab combination	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Arterial blood gas	Once

Labs - Encephalitis (Enter test name)

<input type="checkbox"/>	P-ANCA perinuclear staining	Once
<input type="checkbox"/>	GAD65 Ab assay, S	Once
<input type="checkbox"/>	Thyroid peroxidase antibody	Once
<input type="checkbox"/>	Miscellaneous referral test - Anti-Hu	Once Anti-Hu
<input type="checkbox"/>	Miscellaneous referral test - Anti-Yo	Once Anti-Yo
<input type="checkbox"/>	Miscellaneous referral test - Anti-Ma1	Once Anti-Ma1
<input type="checkbox"/>	Miscellaneous referral test - Anti-Ma2	Once Anti-Ma2
<input type="checkbox"/>	Miscellaneous referral test - Anti-CV2	Once Anti-CV2
<input type="checkbox"/>	Miscellaneous referral test - Anti-NMDA receptor	Once Anti-NMDA receptor
<input type="checkbox"/>	Miscellaneous referral test - Anti-Amphiphysin	Once Anti-Amphiphysin

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Cardiology

CT

<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Imaging

Diagnostic MRI/MRA

<input type="checkbox"/>	MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain Venogram	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Other Studies

Other Diagnostic Studies

<input type="checkbox"/>	Lumbar Puncture by Radiology	
<input type="checkbox"/>	Lumbar Puncture	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Imaging Procedure
<input type="checkbox"/>	CSF cell count with differential	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

<input type="checkbox"/> Protein, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Glucose level, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> CSF culture	Once, Cerebrospinal fluid Includes a Gram stain. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Fungus culture	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> AFB culture	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Cryptococcal antigen, screen	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Meningitis/encephalitis panel	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Cytology (non-gynecological) request	A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.
<input type="checkbox"/> LDH, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area, Imaging Proc. Labs
<input type="checkbox"/> IgG synthesis rate study	Once This panel requires serum and CSF samples to be sent at the same time. The panel cannot be ordered again within 72 hours. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> D-dimer	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Gabapentin level	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> VDRL, CSF	Once, Cerebrospinal fluid Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Lyme disease reflexive panel, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Flow cytometry evaluation	Once Panel: Specimen Type: Fluid Reason for evaluation: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Myelin basic protein	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> BK virus by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Cytomegalovirus by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Enterovirus by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Herpes simplex virus by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> JC virus, quantitative PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Toxoplasma gondii qPCR - Viracor	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Varicella zoster by PCR	Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> West Nile virus by PCR, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Oligoclonal banding, CSF	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> West Nile virus antibody panel, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Angiotensin converting enzyme, CSF	Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Miscellaneous referral test	Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

<input type="checkbox"/> EEG (routine)	Routine, Once Clinical Indication: Testing Location: Testing Duration: Record Video? Spike Detection?
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<input type="checkbox"/> Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Testing Location: At Bedside (Patients Room) Testing Duration: Record Video?
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Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> 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:
<input type="checkbox"/> 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: