

Nursing

Vital Signs (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 4 hours
With neuro checks. |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 8 hours |

Activity

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

Nursing

- | | |
|--|---|
| <input type="checkbox"/> Neurological assessment | Routine, Every 4 hours
Assessment to Perform: |
| <input type="checkbox"/> Neurological assessment | Routine, Every 8 hours
Assessment to Perform: |
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Private room needed. |

Diet

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

IV Fluids

IV Fluids (Single Response)

- | | |
|--|-------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion | intravenous, continuous |
| <input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion | intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % infusion | intravenous, continuous |

IV Fluids with Potassium (Single Response)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | intravenous, at 100 mL/hr, continuous |
|---|---------------------------------------|

() sodium chloride 0.9 % with potassium chloride 20 mEq/L intravenous, continuous infusion

Peripheral IV Access

[X] Initiate and maintain IV

[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

Preventative Medications

[] amitriptyline (ELAVIL) tablet	oral, nightly Indication:
[] divalproex (DEPAKOTE) 24 hr tablet	oral, daily
[] DULoxetine (CYMBALTA) DR capsule	60 mg, oral, every morning Indication:
[] gabapentin (NEURONTIN) capsule	100 mg, oral, 3 times daily
[] topiramate (TOPAMAX) tablet	oral, 2 times daily
[] propranolol (INDERAL) tablet	10 mg, oral, every 8 hours BP & HR HOLD parameters for this order: Contact Physician if:
[] venlafaxine (EFFEXOR) tablet	37.5 mg, oral, daily Indication:
[] verapamil (CALAN) tablet	120 mg, oral, every 12 hours scheduled BP & HR HOLD parameters for this order: Contact Physician if:

Medications - Injections/IV

[X] Dihydroergotamine Dose Escalation	"Followed by" Linked Panel
[X] ondansetron (ZOFTRAN) IV	4 mg, intravenous, once, For 1 Doses
[X] dihydroergotamine (DHE) in sodium chloride 0.9% 250 mL IVPB	0.5 mg, intravenous, for 60 Minutes, once, Starting H+30 Minutes, For 1 Doses
[X] ondansetron (ZOFTRAN) IV	4 mg, intravenous, once, Starting H+8 Hours, For 1 Doses
[X] dihydroergotamine (DHE) in sodium chloride 0.9% 250 mL IVPB	0.75 mg, intravenous, for 60 Minutes, once, Starting H+8.50 Hours, For 1 Doses
[X] ondansetron (ZOFTRAN) IV	4 mg, intravenous, once, Starting H+16 Hours, For 1 Doses
[X] dihydroergotamine (DHE) in sodium chloride 0.9% 250 mL IVPB	1 mg, intravenous, for 60 Minutes, PRN, Starting H+16.50 Hours, For 10 Doses

[] buprenorphine HCL (BUPRENEX) injection	0.1 mg, intravenous, every 1 hour prn, moderate pain, headache
[] butorphanol (STADOL) injection	1 mg, intravenous, every 3 hours For abortive therapy
[] metoclopramide (REGLAN) injection	10 mg, intravenous, once, For 1 Doses Inappropriate use in most cases for Neuro Patients Pre-Med for DHE
[] promethazine (PHENERGAN) IV syringe 12.5 mg	25 mg, intravenous, for 10 Minutes, once PRN, vomiting, nausea Pre-med for DHE
[] methylPREDNISolone (Solu-MEDROL) injection	40 mg, intravenous, every 12 hours

Medications - Pain (Headache) (Single Response)

() butalbital-acetaminophen-caff (FIORICET, ESGIC) per tablet	1 tablet, oral, every 4 hours PRN, headaches
() butalbital-acetaminophen (BUPAP) 50-325 mg per tablet	1 tablet, oral, every 4 hours PRN, headaches

Medications - Migraine (Triptans) (Single Response)

() eletriptan (RELPAX) tablet	40 mg, oral, every 2 hour PRN, migraine, For 2 Doses
() rizatriptan (MAXALT) tablet	10 mg, oral, every 2 hours, For 2 Doses

<input type="checkbox"/> SUMAtriptan (IMITREX) tablet	100 mg, oral, every 2 hours If symptoms persist or return, may repeat dose after 2 hours. Maximum dose: 100 mg/dose; 200 mg per 24 hours.
<input type="checkbox"/> SUMAtriptan succinate (IMITREX) injection solution	6 mg, subcutaneous, every 1 hour prn, migraine
<input type="checkbox"/> ZOLMitriptan (ZOMIG) tablet	5 mg, oral, every 2 hour PRN, migraine, For 2 Doses

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> prochlorperazine (COMPAZINE) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> prochlorperazine (COMPAZINE) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/> prochlorperazine (COMPAZINE) tablet	5 mg, oral, every 6 hours PRN, nausea, vomiting

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> prochlorperazine (COMPAZINE) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> prochlorperazine (COMPAZINE) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/> prochlorperazine (COMPAZINE) tablet	5 mg, oral, every 6 hours PRN, nausea, vomiting

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/>	prochlorperazine (COMPAZINE) IV or Oral	"Or" Linked Panel
<input type="checkbox"/>	prochlorperazine (COMPAZINE) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/>	prochlorperazine (COMPAZINE) tablet	5 mg, oral, every 6 hours PRN, nausea, vomiting

Labs

Labs Today

<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Sedimentation rate	Once
<input type="checkbox"/>	TSH	Once
<input type="checkbox"/>	C-reactive protein	Once

Imaging

CT

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

MRI

<input type="checkbox"/>	MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<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"/>	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 If tap is traumatic, send first and last tube for cell count., 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"/> VDRL, CSF	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

Respiratory

Respiratory Therapy

<input type="checkbox"/> Oxygen therapy - Non-rebreather	Routine, Continuous Device: Non-rebreather mask Rate in liters per minute: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
<input type="checkbox"/> Oxygen therapy PRN - Non-rebreather	Routine, As needed For 1 Hours Device: Non-rebreather mask Device: Titrate to keep O2 Sat Above: Indications for O2 therapy: Other Specify: PRN during acute pain attack, up to one (1) hour in duration Protocols: Oxygen Therapy Protocol Rate in liters per minute: