

## Nursing

## Vital Signs

- |  |   |
|--|---|
| <input type="checkbox"/> Vital Signs-Q4H | Routine, Every 4 hours For Until specified<br>Until stable then every 8 hours |
| <input type="checkbox"/> Vital Signs-Q6H | Routine, Every 6 hours  |

## 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 For Until specified<br>Bathroom Privileges: with bathroom privileges |
| <input type="checkbox"/> Out of bed                        | Routine, Until discontinued, Starting S<br>Specify: Out of bed<br>With assistance                            |

## Nursing

- |   |  |
|---|--|
| <input type="checkbox"/> Telemetry  | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Telemetry monitoring   | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only<br>(Telemetry Box)<br>Reason for telemetry:<br>Can be off of Telemetry for tests and baths? Yes  |
| <input type="checkbox"/> Telemetry Additional Setup Information   | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94 |
| <input type="checkbox"/> Neurological Assessment  | Routine, Every 4 hours<br>Assessment to Perform:<br>Then every 8 hours when patient is stable.   |
| <input type="checkbox"/> Neurological Assessment  | Routine, Every 8 hours<br>Assessment to Perform:   |
| <input type="checkbox"/> Commode at bedside   | Routine, Once  |
| <input type="checkbox"/> Walker to bedside  | Routine, Until discontinued, Starting S  |
| <input type="checkbox"/> Height and weight  | Routine, Once<br>On Admission  |
| <input type="checkbox"/> If patient is receiving plasma exchange therapy, ok to draw all ordered labs during plasma exchange process. | Routine, Until discontinued, Starting S  |

## Notify

- |   |  |
|---|--|
| <input type="checkbox"/> Notify Physician | Routine, Until discontinued, Starting S, If Heart rate greater than 110 bpm, Shortness of breath, Forced Vital Capacity less than 15 milliliters per kilogram, and Negative Inspiratory Force less than -25 centimeters H2O. |
| <input type="checkbox"/> Notify Resident  | Routine, Until discontinued, Starting S, If Heart rate greater than 110 bpm, Shortness of breath, Forced Vital Capacity less than 15 milliliters per kilogram, and Negative Inspiratory Force less than -25 centimeters H2O. |

## Notify

<input type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, If Heart rate greater than 110 bpm, Shortness of breath, Forced Vital Capacity less than 15 milliliters per kilogram, and Negative Inspiratory Force less than -25 centimeters H2O.
<b>Diet</b>	
<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 - Dysphagia Mechanically Altered	Diet effective now, Starting S Diet(s): Dysphagia IDDSI Solid Consistency: National Dysphagia Diet 2-Dysphagia Mechanically Altered 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

### 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
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous

### Peripheral IV Access

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

## Medications

### Medications

<input type="checkbox"/> traMADol (ULTRAM) tablet	50 mg, oral, 2 times daily
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acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)

### Other Medications

diphenhydrAMINE (BENADRYL) tablet 25 mg, oral, once, For 1 Doses  
Administer prior to IVIG (Pre-Med)

acetaminophen (TYLENOL) tablet 325 mg, oral, once, For 1 Doses  
Administer prior to IVIG (Pre-Med)

IVIG (GAMUNEX-C) 10 % solution 600 mg/kg, intravenous, every 24 hours  
Initiate infusion at 30 mL/hr for 30 minutes then double rate every 30 minutes as tolerated to a goal rate of 120 mL/hr in the inpatient setting and a maximum rate of 4.8mL/kg/hr in the outpatient setting. The patient is not tolerating the infusion if they develop headache, flushing, itching, rash, nausea & vomiting, muscle pain, tachycardia (heart rate >100 BPM), a temperature elevation of 1.8 degrees Fahrenheit, hypotension (SBP < 90 mmHg), hypertension (SBP > 180 mmHg), chills, problems breathing, or chest tightness.  
Indications:

## Labs

### Labs Today - HMMH

CBC and differential Once

Comprehensive metabolic panel Once

Folate Once

GM1 Ab panel Once

Hemoglobin A1c Once

HIV Ag/Ab combination Once

Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

IgA Once

Miscellaneous referral test Once  
C Jejuni Antibodies

Protein electrophoresis, serum Once

Sedimentation rate, automated Once

T3 Once

T4, free Once

TSH Once

Thyroxine binding globulin Once

Vitamin B12 Once

Urinalysis screen and microscopy, with reflex to culture Once  
Specimen Source: Urine  
Specimen Site:

Angiotensin converting enzyme Once

### Labs Today - HMSL/HMW

CBC and differential Once

Comprehensive metabolic panel Once

Folate Once

GM1 Ab panel Once

Hemoglobin A1c Once

Rapid HIV 1 & 2 Once

Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

IgA Once

Miscellaneous referral test Once  
C Jejuni Antibodies

Protein electrophoresis, serum Once

Sedimentation rate, automated Once

T3 Once

<input type="checkbox"/>	T4, free	Once
<input type="checkbox"/>	TSH	Once
<input type="checkbox"/>	Thyroxine binding globulin	Once
<input type="checkbox"/>	Vitamin B12	Once
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/>	Angiotensin converting enzyme	Once

### Labs Today - HMCL, HMTW, HMWB

<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Folate	Once
<input type="checkbox"/>	GM1 Ab panel	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	HIV 1, 2 antibody	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input checked="" type="checkbox"/>	IgA	Once
<input type="checkbox"/>	Miscellaneous referral test	Once C Jejuni Antibodies
<input type="checkbox"/>	Protein electrophoresis, serum	Once
<input type="checkbox"/>	Sedimentation rate, automated	Once
<input type="checkbox"/>	T3	Once
<input type="checkbox"/>	T4, free	Once
<input type="checkbox"/>	TSH	Once
<input type="checkbox"/>	Thyroxine binding globulin	Once
<input type="checkbox"/>	Vitamin B12	Once
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/>	Angiotensin converting enzyme	Once

## Cardiology

### Cardiology

<input type="checkbox"/>	Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM

## Imaging

### Diagnostic MRI/MRA

<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"/>	MRI Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Cervical Spine W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Thoracic Spine W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Lumbar Spine W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

### Diagnostic X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

## Other Diagnostic 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

<input type="checkbox"/> Oxygen therapy - Nasal cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3:
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<input type="checkbox"/> Vital capacity only	STAT, Once For 1 Occurrences Forced Vital Capacity. Record in chart. If poor oral seal please use face mask.
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 6 hours while awake
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 8 hours
<input type="checkbox"/> Vital capacity only	Routine, Respiratory Therapy - every 12 hours
<input type="checkbox"/> Negative inspiratory force	STAT, Once For 1 Occurrences Record in chart.
<input type="checkbox"/> Negative inspiratory force	Routine, Respiratory Therapy - every 6 hours while awake
<input type="checkbox"/> Negative inspiratory force	Routine, Respiratory Therapy - every 8 hours
<input type="checkbox"/> Negative inspiratory force	Routine, Respiratory Therapy - every 12 hours

## Consults

### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Speech Language Pathology	Reason for SLP? Bedside Swallow exam
<input type="checkbox"/> Consult to wound ostomy care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Evaluate and treat