

Nursing

Vital Signs (Single Response)

Vital Signs Routine, Every 4 hours

Activity

- Strict bed rest Routine, Until discontinued, Starting S
- Out o bed, Up with assistance Routine, Until discontinued, Starting S
Specify: Out of bed,Up with assistance
- Activity as tolerated Routine, Until discontinued, Starting S
Specify: Activity as tolerated
- Bed rest with bathroom privileges Routine, Until discontinued, Starting S
Bathroom Privileges: with bathroom privileges

Nursing

- Bladder scan Routine, Once
Record post void residual in chart.
- Straight cath Routine, Once For 1 Occurrences
If post void residual is greater than 600 mL, proceed with straight cath and record residual volume in chart.
- Toileting: Bedside commode Routine, Until discontinued, Starting S
Specify: Bedside commode
Additional modifier:
- Height and weight on admission Routine, Once For 1 Occurrences
On admission.

Diet

- NPO Diet effective now, Starting S
NPO:
Pre-Operative fasting options:
- Diet - Regular Diet effective now, Starting S
Diet(s): Regular
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
- Diet - Heart healthy Diet effective now, Starting S
Diet(s): Heart Healthy
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
- Oral supplements Routine
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

IV Fluids

IV Fluids (Single Response)

- sodium chloride 0.9 % infusion intravenous, continuous
- dextrose 5%-0.9% sodium chloride infusion intravenous, continuous
- 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

Muscle Relaxers

- | | |
|---|---------------------------|
| <input type="checkbox"/> baclofen (LIORESAL) tablet | oral, 2 times daily |
| <input type="checkbox"/> tiZANidine (ZANAFLEX) tablet | 4 mg, oral, 2 times daily |

Steroids (Single Response)

All methylprednisolone intravenous treatment should be infusion - To be given; 500 mg over 60 minutes 1000 mg over 90 minutes

- | | |
|--|---|
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) in sodium chloride 0.9% 250 mL IVPB | 500 mg, intravenous, for 60 Minutes, every 12 hours |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) in sodium chloride 0.9% 250 mL IVPB | 1,000 mg, intravenous, for 90 Minutes, every 24 hours |

Bowel Care (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, nightly PRN, constipation |
| <input type="checkbox"/> magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE | 30 mL, oral, every 12 hours PRN, constipation Do not give if patient is on hemodialysis or is in chronic renal failure. |
| <input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet | 10 mg, oral, daily PRN, constipation |
| <input type="checkbox"/> bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation |
| <input type="checkbox"/> docusate sodium (COLACE) capsule | 100 mg, oral, 2 times daily PRN, constipation |
| <input type="checkbox"/> polyethylene glycol (MIRALAX) packet 17 gram | 17 g, oral, daily PRN, constipation |

Antiemetics

- | | |
|--|--|
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) IV or Oral (Selection Required) | "Or" Linked Panel |
| <input checked="" type="checkbox"/> ondansetron ODT (ZOFRAN-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 (ZOFRAN) 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 (ZOFRAN) 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 (ZOFRAN) 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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

Antiemetics

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) 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) injection | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op 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, PACU & Post-op 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, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication. |

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. |

Insomnia: For Patients LESS than 70 years old (Single Response)

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|---|--|
| <input type="checkbox"/> zolpidem (AMBIEN) tablet | 5 mg, oral, nightly PRN, sleep |
| <input type="checkbox"/> ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep |
| <input type="checkbox"/> traZODone (DESYREL) tablet | 50 mg, oral, nightly PRN, sleep Indication: |

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

| | |
|---|--|
| <input type="checkbox"/> ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep |
| <input type="checkbox"/> traZODone (DESYREL) tablet | 50 mg, oral, nightly PRN, sleep Indication: |

Labs

Labs Today

| | |
|--|------|
| <input type="checkbox"/> CBC and differential | Once |
| <input type="checkbox"/> Prothrombin time with INR | Once |
| <input type="checkbox"/> Partial thromboplastin time | Once |
| <input type="checkbox"/> Basic metabolic panel | Once |
| <input type="checkbox"/> Comprehensive metabolic panel | Once |
| <input type="checkbox"/> Vitamin B12 | Once |
| <input type="checkbox"/> Folate RBC | Once |
| <input type="checkbox"/> Sedimentation rate | Once |
| <input type="checkbox"/> ANA | Once |
| <input type="checkbox"/> Blood gas, arterial | Once |

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Hepatic function panel | Once |
| <input type="checkbox"/> | Homocysteine, plasma | Once |
| <input type="checkbox"/> | Protein electrophoresis, serum | Once |
| <input type="checkbox"/> | Rheumatoid factor | Once |
| <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"/> | TSH | Once |
| <input type="checkbox"/> | T4, free | Once |
| <input type="checkbox"/> | T3 | Once |
| <input type="checkbox"/> | C-reactive protein | Once |
| <input type="checkbox"/> | Vitamin D 25 hydroxy | Once |
| <input type="checkbox"/> | hCG qualitative, urine | Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): |
| <input type="checkbox"/> | Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: |

Labs Today - HMSJ

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | CBC and differential | Once |
| <input type="checkbox"/> | Prothrombin time with INR | Once |
| <input type="checkbox"/> | Partial thromboplastin time | Once |
| <input type="checkbox"/> | Basic metabolic panel | Once |
| <input type="checkbox"/> | Comprehensive metabolic panel | Once |
| <input type="checkbox"/> | Vitamin B12 | Once |
| <input type="checkbox"/> | Folate RBC | Once |
| <input type="checkbox"/> | Sedimentation rate | Once |
| <input type="checkbox"/> | ANA | Once |
| <input type="checkbox"/> | Blood gas, arterial | Once |
| <input type="checkbox"/> | Hepatic function panel | Once |
| <input type="checkbox"/> | Homocysteine, plasma | Once |
| <input type="checkbox"/> | Protein electrophoresis, serum | Once |
| <input type="checkbox"/> | Rheumatoid factor | Once |
| <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"/> | TSH | Once |
| <input type="checkbox"/> | T4, free | Once |
| <input type="checkbox"/> | T3 | Once |
| <input type="checkbox"/> | C-reactive protein | Once |
| <input type="checkbox"/> | Vitamin D 25 hydroxy | Once |
| <input type="checkbox"/> | hCG qualitative, urine | Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): |
| <input type="checkbox"/> | Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: |

Cardiology

Cardiology

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | ECG 12 lead | Routine, Once 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 Wo Contrast | Routine, 1 time imaging, Starting S at 1:00 AM For 1 For Multiple Sclerosis Protocol. |
| <input type="checkbox"/> | MRI Brain & Orbit W Wo Contrast | Routine, 1 time imaging, Starting S at 1:00 AM For 1 Multiple sclerosis protocol. |
| <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 W 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 |

X-Ray

| | | |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences |
| <input type="checkbox"/> | Kub Kidney Ureter Bladder | Routine, 1 time imaging, Starting S at 1:00 AM For 1 |

Other Studies

Other Diagnostic Studies

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Somatosensory evoked potential - upper extremities | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Visual evoked potentials | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Auditory evoked potentials | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Somatosensory (SSEP) lower extremities | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | EMG general request | Routine, Once Type of Service: NCV (Nerve Conduction Study) Performing Physician Requested: |

Other Diagnostic Studies

| | | |
|--------------------------|--|---------------------------------------|
| <input type="checkbox"/> | Somatosensory evoked potential - upper extremities | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Visual evoked potentials | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Auditory evoked potentials | Routine, Once Clinical Indication: |
| <input type="checkbox"/> | Somatosensory (SSEP) lower extremities | Routine, Once Clinical Indication: |

Lumbar Puncture by Radiology

Lumbar Puncture by Radiology

| | | |
|--------------------------|----------------------------------|--|
| <input type="checkbox"/> | Lumbar Puncture by Radiology | |
| <input type="checkbox"/> | Lumbar Puncture | Routine Additional requests: Save Addl spinal fluid for the lab, Measure opening pressure, Measure closing pressure High Volume Tap: Indication for Pressure Management: if pressure is greater than 18cm of H2O, please remove 40-50 mL of cerebrospinal fluid Amount of spinal fluid to save (mL): 10 If tap is traumatic, please 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 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 |

Consults

For Physician Consult orders use sidebar

Ancillary Consults

| | |
|---|--|
| <input type="checkbox"/> Consult to Case Management | Consult Reason: |
| <input type="checkbox"/> Consult to Social Work | Reason for Consult: |
| <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? |
| <input type="checkbox"/> 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: |
| <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"/> 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:
Reason for consult:

Consult to Respiratory Therapy

Reason for Consult?