

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	STAT, Per unit protocol
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Nursing

<input type="checkbox"/> Pulse oximetry continuous	STAT, Continuous Current FIO2 or Room Air:
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<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous
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<input type="checkbox"/> Insert and maintain Foley	
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<input type="checkbox"/> Insert Foley catheter	STAT, Once Type: Size: Urinometer needed:
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<input type="checkbox"/> Foley Catheter Care	STAT, Until discontinued, Starting S Orders: Maintain
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IV Fluids

Peripheral IV Access

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

<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
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<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
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<input type="checkbox"/> sodium chloride 0.9 % infusion - 100 mL/hr	100 mL/hr, intravenous, continuous
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Medications

Cardiac

<input type="checkbox"/> aspirin chewable tablet	324 mg, oral, once, For 1 Doses
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<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, daily
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<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, once, For 1 Doses
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<input type="checkbox"/> clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
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<input type="checkbox"/> clopidogrel (PLAVIX) tablet	600 mg, oral, once, For 1 Doses
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<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, once, For 1 Doses
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<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses
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<input type="checkbox"/> nitroglycerin (NITROSTAT) 2 % ointment	1 inch, Topical, once, For 1 Doses
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<input type="checkbox"/> nitroglycerin infusion	5-200 mcg/min, intravenous, continuous
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Hypertension

<input type="checkbox"/> enalaprilat (VASOTEC) injection	1.25 mg, intravenous, once, For 1 Doses BP HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once, For 1 Doses BP HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> labetalol (TRANDATE) injection	20 mg, intravenous, once, For 1 Doses BP & HR HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> cloNIDine HCl (CATAPRES) tablet	0.1 mg, oral, once, For 1 Doses BP & HR HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, once, For 1 Doses BP & HR HOLD parameters for this order: Contact Physician if:
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Loop Diuretics (Single Response)

<input type="checkbox"/> furosemide (LASIX) 40 mg injection	40 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous
<input type="checkbox"/> bumetanide (BUMEX) 0.5 mg injection	0.5 mg, intravenous, once, For 1 Doses

NON-Looped Diuretics

<input type="checkbox"/> spironolactone (ALDACTONE) tablet	25 mg, oral, once, For 1 Doses
<input type="checkbox"/> eplerenone (INSPRA) tablet	25 mg, oral, once, For 1 Doses
<input type="checkbox"/> metolazone (ZAROXOLYN) tablet	5 mg, oral, once, For 1 Doses

Antiarrhythmics

<input type="checkbox"/> adenosine (ADENOCARD) injection	6 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> digoxin (LANOXIN) injection	0.25 mg, intravenous, once, For 1 Doses Indication: Arrhythmia
<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> diltiazem (CARDIZEM) bolus from bag	20 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> diltiazem (CARDIZEM) infusion	2.5-15 mg/hr, intravenous, continuous

Antipyretics

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, fever
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, once PRN, fever If can not tolerate oral, give rectal.

Analgesia: Mild Pain (Pain Score 1-3)

<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	400 mg, oral, once PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, once PRN, mild pain (score 1-3)

Analgesia: Moderate Pain (Pain Score 4-6)

<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	1 mg, intravenous, once PRN, moderate pain (score 4-6)
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, once PRN, moderate pain (score 4-6)
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6)

Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once, For 1 Doses Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection - 4 mg	4 mg, intravenous, once, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV - 12.5 mg	12.5 mg, intravenous, once, For 1 Doses 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	12.5 mg, oral, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) injection - 4 mg	4 mg, intravenous, once 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) injection	12.5 mg, intravenous, once 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	12.5 mg, oral, once 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	12.5 mg, rectal, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once, For 1 Doses Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection - 4 mg	4 mg, intravenous, once, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg	12.5 mg, intravenous, for 30 Minutes, once, For 1 Doses 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	12.5 mg, oral, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Respiratory

<input type="checkbox"/> ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution	3 mL, inhalation, every 15 min PRN, wheezing, For 3 Doses Aerosol Delivery Device:
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, intravenous, once, For 1 Doses

Labs

Labs

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> D-dimer	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Creatine kinase total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/> Troponin T Series ACS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> B-type natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/> Blood gas, arterial	STAT For 1 Occurrences

Laboratory

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> D-dimer	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences

<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Creatine kinase total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/>	Lipase	STAT For 1 Occurrences
<input type="checkbox"/>	B natriuretic pep, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/>	Blood gas, arterial	STAT For 1 Occurrences

Laboratory

<input type="checkbox"/>	CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/>	D-dimer	STAT For 1 Occurrences
<input type="checkbox"/>	Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Creatine kinase total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/>	Lipase	STAT For 1 Occurrences
<input type="checkbox"/>	B natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/>	Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/>	Blood gas, arterial	STAT For 1 Occurrences

Microbiology

<input type="checkbox"/>	Sputum culture	Once, Sputum
<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.

Pregnancy Labs

<input type="checkbox"/>	hCG QUALitative, serum	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/>	hCG QUALitative, urine	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Cardiology

ACS Diagnostics

<input type="checkbox"/>	ACS Straification Diagnostics (Single Response)	Specific Cardiac Diagnostics will depend upon exclusionary criteria, findings, and cardiology discretion
<input type="checkbox"/>	CACS- CV Cta coronary arteries w contrast and ffr if needed [Preferred for patients w/o history of CAD]	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences If CACS > 400 SPECT will be performed
<input type="checkbox"/>	Myocardial Perfusion Panel	"And" Linked Panel Indications for Regadenoson are as follows: 1) Left Bundle Branch Block (LBBB) 2) Ventricular pacing 3) Ventricular pre-excitation 4) > or = 1 mm resting ST-T abnormalities 5) Left ventricular hypertrophy (LVH) with ST-T abnormalities 6) Digoxin use with associated ST-T abnormalities 7) Unable to ambulate on treadmill 8) Recent MI (1-3) days or elevated troponin level.

<input type="checkbox"/> Myocardial perfusion	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access
<input type="checkbox"/> Cv exercise treadmill stress (no imaging)	STAT, Once For 1 Occurrences

ECG

<input type="checkbox"/> ECG 12 lead	STAT, STAT For 1 Occurrences Clinical Indications: Other: Other: Per ACS Protocol Interpreting Physician:
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Imaging

Imaging - CT

<input type="checkbox"/> CT Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> CT Angiogram Pe Chest	STAT, 1 time imaging, Starting S For 1 Occurrences PE Protocol
<input type="checkbox"/> CTA Chest W Wo Contrast And Abdomen W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Chest Abdomen Pelvis Aorta Protocol
<input type="checkbox"/> CT Chest Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

Imaging - X-Ray

<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If patient ambulatory
<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If patient non-ambulatory

Respiratory

Respiratory Therapy

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Indications for O2 therapy: 2-6 L/min If oxygen Saturation < 94% to maintain > or = 94% Saturation
<input type="checkbox"/> Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: