

Nursing

Vital Signs

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

<input checked="" type="checkbox"/> Sitter at bedside, 1:1	STAT, Continuous
<input checked="" type="checkbox"/> Suicide precautions	Increased observation level needed:
<input type="checkbox"/> Insert peripheral IV	STAT, Once Leave saline lock in place for ETOH detox patient.
<input type="checkbox"/> Draw rainbow including gray top for ETOH (red, green, blue, lavender, and gold top tubes)	STAT, Until discontinued, Starting S
<input type="checkbox"/> Call Security if patient is suicidal or displays aggressive behavior	STAT, Until discontinued, Starting S
<input type="checkbox"/> Check with MD to evaluate for seclusion	STAT, Until discontinued, Starting S

Notify

<input type="checkbox"/> Notify Security	STAT, Once Call security and secure patient's belongings
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IV Fluids

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

IV Fluids

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

Medications

Psychoactive Medications

<input type="checkbox"/> LORazepam (ATIVAN) injection	1 mg, intravenous, once, For 1 Doses Indication(s): Agitation
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	2.5 mg, intramuscular, once, For 1 Doses Indication:
<input type="checkbox"/> OLANZapine (ZyPREXA) injection	10 mg, intramuscular, once, For 1 Doses Indication:
<input type="checkbox"/> risperiDONE microspheres (RisperDAL CONSTA) injection	25 mg, intramuscular, once, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and bipolar 1 disorder. Do you attest that this restriction has been met?
<input type="checkbox"/> ziprasidone (GEODON) injection	20 mg, intramuscular, once, For 1 Doses Indication:
<input type="checkbox"/> haloperidol (HALDOL) tablet	2 mg, oral, once, For 1 Doses Indication:
<input type="checkbox"/> OLANZapine (ZYPREXA) tablet	5 mg, oral, once, For 1 Doses Indication:
<input type="checkbox"/> risperiDONE (RisperDAL M-TABS) disintegrating tablet	2 mg, sublingual, once, For 1 Doses Indication:

Labs

Laboratory STAT

<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	T4, free	STAT For 1 Occurrences
<input type="checkbox"/>	TSH	STAT For 1 Occurrences
<input type="checkbox"/>	Creatine kinase, total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:

<input checked="" type="checkbox"/>	COVID-19 Admit Screen	
<input checked="" type="checkbox"/>	COVID-19 qualitative RT-PCR - Nasopharyngeal swab	STAT For 1 Occurrences Specimen Source: Nasopharyngeal Swab Is this for pre-procedure or non-PUI assessment? Yes Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission

Laboratory - STAT

<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	T4, free	STAT For 1 Occurrences
<input type="checkbox"/>	TSH	STAT For 1 Occurrences
<input type="checkbox"/>	Creatine kinase, total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/>	Urine Culture and Urinalysis	"And" Linked Panel
<input type="checkbox"/>	Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/>	Urinalysis	STAT For 1 Occurrences

<input checked="" type="checkbox"/>	COVID-19 Admit Screen	
<input checked="" type="checkbox"/>	COVID-19 qualitative RT-PCR - Nasopharyngeal swab	STAT For 1 Occurrences Specimen Source: Nasopharyngeal Swab Is this for pre-procedure or non-PUI assessment? Yes Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission

Laboratory - STAT

<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	T4, free	STAT For 1 Occurrences
<input type="checkbox"/>	TSH	STAT For 1 Occurrences
<input type="checkbox"/>	Creatine kinase, total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis	Once For 1 Occurrences
<input type="checkbox"/>	Urine culture	Once For 1 Occurrences, Urine

<input checked="" type="checkbox"/>	COVID-19 Admit Screen	
<input checked="" type="checkbox"/>	COVID-19 qualitative RT-PCR - Nasopharyngeal swab	STAT For 1 Occurrences Specimen Source: Nasopharyngeal Swab Is this for pre-procedure or non-PUI assessment? Yes Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission Please select a reason for ordering, if applicable. Emergency Department psychiatric patient pending admission

Drug & Alcohol Screening

<input type="checkbox"/>	Alcohol level, blood	STAT For 1 Occurrences
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Urine drugs of abuse screen STAT For 1 Occurrences

Pregnancy Labs

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.):

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.):

Meds Levels

Acetaminophen level STAT For 1 Occurrences

Lithium level STAT For 1 Occurrences

Salicylate level STAT For 1 Occurrences

Carbamazepine level, total STAT For 1 Occurrences

Phenytoin level, total STAT For 1 Occurrences

Valproic acid level, total STAT For 1 Occurrences

Cardiology

EKG

ECG 12 lead STAT, Once
Clinical Indications: Other:
Other: Per ACS Protocol
Interpreting Physician:
To be performed by ED Staff - Show immediately to MD

Imaging

Diagnostic CT

CT Head Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

Diagnostic X-Ray

Chest 2 Vw STAT, 1 time imaging, Starting S at 1:00 AM For 1

Consults

For Physician Consult orders use sidebar

Consults

Consult for Telepsych Services Initial Consult From (attending physician and phone number):
Reason For Consult:

Consult to Moblie Assessment Team HMTW, HMWB, HMW, HMSL, HMCL, HMCCH: Please call Behavioral Health Connections Call Center 713-779-2424 to request a MAT assessment.

HMB: Please refer to the Mental Health Assessment Team Call Schedule found on the Intranet for the appropriate on-call team (HMB Internal MAT Team/CARE Team). To contact the HMB Internal MAT Team, please call 281-755-9849.

HMH: Please call the CARE Team at 866-576-6211 to request a MAT assessment. , STAT
Referral Reason:

Consult to Social Work Reason for Consult: