

General

Admission or Observation (Single Response) (Selection Required)

- | | |
|--|---|
| <input type="checkbox"/> Admit to inpatient | Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Scheduling/ADT |
| <input type="checkbox"/> Admit to IP- University Teaching Service | Admitting Physician:
Resident Physician:
Resident team assignment:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> UTS - Outpatient observation services under general supervision | Admitting Physician:
Resident Physician:
Resident team assignment:
Patient Condition:
Bed request comments:
Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. |

Admission or Observation (Single Response)

Patient has active status order on file

- | | |
|---|--|
| <input type="checkbox"/> Admit to inpatient | Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Scheduling/ADT |
|---|--|

<input type="checkbox"/> Admit to IP- University Teaching Service	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
<input type="checkbox"/> UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: Scheduling/ADT, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Admission (Single Response)

Patient has active status order on file

<input type="checkbox"/> Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT
---	--

Admission or Observation (Single Response) (Selection Required)

<input type="checkbox"/> Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Scheduling/ADT

Admission or Observation (Single Response)

Patient has status order on file

<input type="checkbox"/> Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Scheduling/ADT

Code Status

<input type="checkbox"/> Full code	Code Status decision reached by: ED Admit/Obs
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: ED Admit/Obs
<input type="checkbox"/> Treatment Restrictions	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: ED Admit/Obs

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, ED Admit/Obs
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Aspiration precautions	ED Admit/Obs
<input type="checkbox"/> Fall precautions	Increased observation level needed: ED Admit/Obs
<input type="checkbox"/> Latex precautions	ED Admit/Obs
<input type="checkbox"/> Seizure precautions	Increased observation level needed: ED Admit/Obs

Common Present on Admission Diagnosis

<input type="checkbox"/>	Acidosis	Scheduling/ADT
<input type="checkbox"/>	Acute Post-Hemorrhagic Anemia	Scheduling/ADT
<input type="checkbox"/>	Acute Renal Failure	Scheduling/ADT
<input type="checkbox"/>	Acute Respiratory Failure	Scheduling/ADT
<input type="checkbox"/>	Acute Thromboembolism of Deep Veins of Lower Extremities	Scheduling/ADT
<input type="checkbox"/>	Anemia	Scheduling/ADT
<input type="checkbox"/>	Bacteremia	Scheduling/ADT
<input type="checkbox"/>	Bipolar disorder, unspecified	Scheduling/ADT
<input type="checkbox"/>	Cardiac Arrest	Scheduling/ADT
<input type="checkbox"/>	Cardiac Dysrhythmia	Scheduling/ADT
<input type="checkbox"/>	Cardiogenic Shock	Scheduling/ADT
<input type="checkbox"/>	Decubitus Ulcer	Scheduling/ADT
<input type="checkbox"/>	Dementia in Conditions Classified Elsewhere	Scheduling/ADT
<input type="checkbox"/>	Disorder of Liver	Scheduling/ADT
<input type="checkbox"/>	Electrolyte and Fluid Disorder	Scheduling/ADT
<input type="checkbox"/>	Intestinal Infection due to Clostridium Difficile	Scheduling/ADT
<input type="checkbox"/>	Methicillin Resistant Staphylococcus Aureus Infection	Scheduling/ADT
<input type="checkbox"/>	Obstructive Chronic Bronchitis with Exacerbation	Scheduling/ADT
<input type="checkbox"/>	Other Alteration of Consciousness	Scheduling/ADT
<input type="checkbox"/>	Other and Unspecified Coagulation Defects	Scheduling/ADT
<input type="checkbox"/>	Other Pulmonary Embolism and Infarction	Scheduling/ADT
<input type="checkbox"/>	Phlebitis and Thrombophlebitis	Scheduling/ADT
<input type="checkbox"/>	Protein-calorie Malnutrition	Scheduling/ADT
<input type="checkbox"/>	Psychosis, unspecified psychosis type	Scheduling/ADT
<input type="checkbox"/>	Schizophrenia Disorder	Scheduling/ADT
<input type="checkbox"/>	Sepsis	Scheduling/ADT
<input type="checkbox"/>	Septic Shock	Scheduling/ADT
<input type="checkbox"/>	Septicemia	Scheduling/ADT
<input type="checkbox"/>	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Scheduling/ADT
<input type="checkbox"/>	Urinary Tract Infection, Site Not Specified	Scheduling/ADT

Nursing

Vital Signs (Selection Required)

<input type="checkbox"/>	Vital signs - every 2 hours	Routine, Every 2 hours, ED Admit/Obs
<input type="checkbox"/>	Vital signs - every 4 hours	Routine, Every 4 hours, ED Admit/Obs
<input type="checkbox"/>	Vital signs - every 8 hours	Routine, Every 8 hours, ED Admit/Obs
<input checked="" type="checkbox"/>	Vital signs - per unit protocol	Routine, Per unit protocol, ED Admit/Obs

Vital signs- DO NOT SET DEFAULT IN USER SETS

<input type="checkbox"/>	Vital signs - every 2 hours	Routine, Every 2 hours, ED Admit/Obs
<input type="checkbox"/>	Vital signs - every 4 hours	Routine, Every 4 hours, ED Admit/Obs
<input type="checkbox"/>	Vital signs - every 8 hours	Routine, Every 8 hours, ED Admit/Obs
<input checked="" type="checkbox"/>	Vital signs - per unit protocol	Routine, Per unit protocol, ED Admit/Obs

Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S, ED Admit/Obs
<input type="checkbox"/>	Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: ED Admit/Obs
<input type="checkbox"/>	Up with assistance	Routine, Every shift Specify: Up with assistance ED Admit/Obs

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated ED Admit/Obs
Activity- DO NOT SET DEFAULT IN USER SETS	
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, ED Admit/Obs
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: ED Admit/Obs
<input type="checkbox"/> Up with assistance	Routine, Every shift Specify: Up with assistance ED Admit/Obs
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: ED Admit/Obs

Nursing

<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	STAT, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes ED Admit/Obs
<input type="checkbox"/> Telemetry Additional Setup Information	STAT, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 ED Admit/Obs
<input checked="" type="checkbox"/> Verify all prior to admission medications and call attending MD for reconcilliation	Routine, Until discontinued, Starting S, ED Admit/Obs
<input type="checkbox"/> Daily weights	Routine, Daily, ED Admit/Obs
<input type="checkbox"/> Intake and output	Routine, Every shift, ED Admit/Obs
<input type="checkbox"/> Strict intake and output	Routine, Every hour, ED Admit/Obs
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: ED Admit/Obs
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain ED Admit/Obs
<input type="checkbox"/> Nasogastric tube insert and maintain	
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: ED Admit/Obs
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: ED Admit/Obs
<input type="checkbox"/> Orogastric tube insert and maintain	
<input type="checkbox"/> Orogastric tube insertion	Routine, Once, ED Admit/Obs
<input type="checkbox"/> Orogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: ED Admit/Obs

Diet (Single Response) (Selection Required)

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: ED Admit/Obs
<input type="checkbox"/> NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: ED Admit/Obs
<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: ED Admit/Obs
<input type="checkbox"/> Diet -No Caffeine prior to stress test	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Caffeine No Caffeine within 12hrs of stress test, ED Admit/Obs
<input type="checkbox"/> Diet- Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
<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: ED Admit/Obs
<input type="checkbox"/> Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
<input type="checkbox"/> Diet - Diabetic carb controlled	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs

Diet- DO NOT SET DEFAULT IN USER SETS (Single Response)

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: ED Admit/Obs
<input type="checkbox"/> NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: ED Admit/Obs

<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: ED Admit/Obs
<input type="checkbox"/> Diet -No Caffeine prior to stress test	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Caffeine No Caffeine within 12hrs of stress test, ED Admit/Obs
<input type="checkbox"/> Diet- Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
<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: ED Admit/Obs
<input type="checkbox"/> Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs
<input type="checkbox"/> Diet - Diabetic Carb Controlled	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: ED Admit/Obs

Non-TPA Stroke/TIA/Weakness/Neuro Orders

Non-TPA Stroke/TIA/Weakness/Neuro

<input type="checkbox"/> Neurological assessment	Routine, Every 2 hours Assessment to Perform: ED Admit/Obs
<input type="checkbox"/> Dysphagia screen	Routine, Once, ED Admit/Obs
<input type="checkbox"/> Lipid panel	AM draw For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/> US Carotid Doppler Bilateral	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/> MRI Stroke Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/> MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , ED Admit/Obs
<input type="checkbox"/> MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , ED Admit/Obs
<input type="checkbox"/> MRA Circle Of Willis	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , ED Admit/Obs

<input type="checkbox"/>	CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , ED Admit/Obs
<input type="checkbox"/>	CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , ED Admit/Obs
<input type="checkbox"/>	ED Consult Neurology	Reason for Consult? Consult Tracking:
<input type="checkbox"/>	Consult to Speech Language Pathology	Routine, Once Reason for consult: For failed dysphagia or any speech problem, ED Admit/Obs
<input type="checkbox"/>	Consult to 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: ED Admit/Obs, Stroke consult

ACS/Chest Pain/MI Orders

ACS/Chest Pain/MI

<input type="checkbox"/>	Troponin T	Every 3 hours For 3 Occurrences, ED Admit/Obs
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, ED Admit/Obs
<input type="checkbox"/>	Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM, ED Admit/Obs
<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	Routine, 1 time imaging, Starting S at 1:00 AM 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)	Routine, Once
<input type="checkbox"/>	ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: ED Admit/Obs
<input type="checkbox"/>	ECG 12 lead - PRN	Routine, As needed Clinical Indications: Interpreting Physician: PRN chest pain, arrhythmia or change in patient status, ED Admit/Obs
<input type="checkbox"/>	Heart Score Risk Stratification	History: EKG: Age: Risk Factors: Initial Troponin:

Hypertension

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

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, once, For 1 Doses, ED Admit/Obs BP & HR HOLD parameters for this order: Contact Physician if:
---	--

Loop Diuretics (Single Response)

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

NON-Looped Diuretics

<input type="checkbox"/> spironolactone (ALDACTONE) tablet	25 mg, oral, once, For 1 Doses, ED Admit/Obs
<input type="checkbox"/> eplerenone (INSPIRA) tablet	25 mg, oral, daily, For 1 Doses, ED Admit/Obs
<input type="checkbox"/> metOLazone (ZAROXOLYN) tablet	5 mg, oral, once, For 1 Doses, ED Admit/Obs

IV Fluids

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, ED Admit/Obs
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, ED Admit/Obs

Medications

Anti-coagulants (Single Response)

Patients may be eligible for enoxaparin if the time to surgical procedure is GREATER THAN 24 hours and renal function is STABLE.

<input type="checkbox"/> Enoxaparin	Pharmacy consult is available for anti-Xa monitoring for enoxaparin (Lovenox) in patients with CrCl LESS THAN 30 mL/min, extremes of body weight (LESS THAN 45kg or GREATER THAN 150kg), pregnancy, or elderly (age GREATER THAT or EQUAL to 75 years).
-------------------------------------	---

<input type="checkbox"/> enoxaparin (LOVENOX) subcutaneous injection (dosing based on CrCl) (Single Response)	
<input type="checkbox"/> For CrCl GREATER than or EQUAL to 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 12 hours	1 mg/kg, subcutaneous, every 12 hours scheduled, ED Admit/Obs Indication(s):
<input type="checkbox"/> For CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 24 hours	1 mg/kg, subcutaneous, every 24 hours scheduled, ED Admit/Obs Indication(s):
<input type="checkbox"/> Pharmacy consult to manage therapeutic enoxaparin (LOVENOX)	STAT, Until discontinued, Starting S Indication(s): Reason for consult:
<input type="checkbox"/> Prothrombin time with INR	Once, ED Admit/Obs
<input type="checkbox"/> Partial thromboplastin time, activated	Once, ED Admit/Obs
<input type="checkbox"/> Anti Xa, low molecular weight	Once Heparin Name: Lovenox ED Admit/Obs

<input type="checkbox"/> Heparin Pharmacy Consults	
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: (Single Response)	
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: LOW Dose protocol (ACS/Stroke/Afib)-withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring:
<input type="checkbox"/> Prothrombin time with INR	Once, ED Admit/Obs

<input type="checkbox"/>	Partial thromboplastin time, activated	Once, ED Admit/Obs
<input type="checkbox"/>	Anti Xa, unfractionated	Once, ED Admit/Obs

General Pain Management for Opioid Naive Patients

PRN Mild Pain (Pain Score 1-3) (Single Response) (adjust dose for renal/liver function and age)

()	acetaminophen (TYLENOL) tablet OR oral solution	"Or" Linked Panel
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Give the tablet if the patient can tolerate oral medication.
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Use if patient cannot tolerate oral tablet.
()	ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel
	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	
<input type="checkbox"/>	ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
()	naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min.	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), ED Admit/Obs Not recommended for patients with eGFR LESS than 30 mL/min.

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)

()	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
()	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
()	HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.

<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet.
()	HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient can not swallow tablet.
()	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

()	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
()	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
()	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs (Max Daily dose not to exceed 200 mg/day)

PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

()	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), ED Admit/Obs
()	morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
()	HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs
()	ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
()	For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

- | | |
|---|--|
| () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
|---|--|

PRN IV Medications for Moderate Pain (Pain Score 4-6) For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

- | | |
|---|---|
| () fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), ED Admit/Obs |
| () morphine 2 mg/mL injection | 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs |
| () HYDROmorphine (DILAUDID) injection | 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), ED Admit/Obs |
| () ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min. | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), ED Admit/Obs
Do not use in patients with eGFR LESS than 30 mL/min. |

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

- | | |
|---|--|
| () HYDROmorphine (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () morphine (MSIR) tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

- | | |
|---|---|
| () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () HYDROmorphine (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () morphine (MSIR) tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () oxyCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, severe pain (score 7-10), ED Admit/Obs |

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

- | | |
|--|--|
| () fentaNYL (SUBLIMAZE) injection | 50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () morphine injection | 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () HYDROmorphine (DILAUDID) injection | 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

- | | |
|--|--|
| () fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () morphine injection | 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |
| () HYDROmorphine (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), ED Admit/Obs |

Scheduled Pain Medications (Single Response)

- () Scheduled Pain Medications - Mild Pain (Pain Score 1-3): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

- () acetaminophen (TYLENOL) tablet 500 mg, oral, every 6 hours scheduled, ED Admit/Obs

- () Scheduled Pain Medications - Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

- () HYDROcodone-acetaminophen (LORTAB) 10 mL, oral, every 6 hours scheduled, ED Admit/Obs
2.5-167 mg/5 mL solution

- () HYDROcodone-acetaminophen (NORCO) 1 tablet, oral, every 6 hours scheduled, ED Admit/Obs
5-325 mg per tablet

- () traMADol (ULTRAM) tablet - If eGFR is 25 mg, oral, every 6 hours scheduled, ED Admit/Obs
LESS than 30 mL/min: change frequency to If eGFR is LESS than 30 mL/min: change frequency to every 12 hours
every 12 hours and max daily dose not to and
exceed 200 mg/day. max daily dose not to exceed 200 mg/day.

- () Scheduled Pain Medications - Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 4 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

- () HYDROcodone-acetaminophen (NORCO) 1 tablet, oral, every 6 hours scheduled, ED Admit/Obs
7.5-325 mg per tablet

- () oxyCODONE (ROXICODONE) immediate 5 mg, oral, every 6 hours scheduled, ED Admit/Obs
release tablet

Muscle Relaxers (Single Response)

(adjust dose for renal/liver function and age)

- () methocarbamol (ROBAXIN) tablet 500 mg, oral, every 6 hours PRN, muscle spasms, ED Admit/Obs

- () cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, 3 times daily PRN, muscle spasms, ED Admit/Obs

- () tiZANidine (ZANAFLEX) tablet 2 mg, oral, every 8 hours PRN, muscle spasms, ED Admit/Obs

Respiratory

- [] naloxone (NARCAN) injection 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3), ED Admit/Obs
Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).
If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

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

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, ED Admit/Obs
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, ED Admit/Obs
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, ED Admit/Obs

Itching: For Patients between 70-76 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs
---	--

Itching: For Patients GREATER than 77 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, ED Admit/Obs
---	--

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, ED Admit/Obs 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, ED Admit/Obs Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, ED Admit/Obs 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 checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, ED Admit/Obs Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, ED Admit/Obs 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, ED Admit/Obs 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, ED Admit/Obs Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, ED Admit/Obs Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, ED Admit/Obs 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, ED Admit/Obs 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, ED Admit/Obs 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, ED Admit/Obs Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Bowel Regimen: For Patients LESS than 65 years old

<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, ED Admit/Obs Hold for diarrhea.
<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), ED Admit/Obs

Bowel Regimen: For Patients GREATER than 65 years old

<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, ED Admit/Obs Hold for diarrhea.
<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), ED Admit/Obs
<input type="checkbox"/>	polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, If with persistent constipation., ED Admit/Obs

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients LESS than or EQUAL to 62 kg

<input type="checkbox"/>	methylnaltrexone (RELISTOR) injection - (For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)	8 mg, subcutaneous, every other day, ED Admit/Obs Hold for diarrhea.
--------------------------	---	---

For Constipation still unrelieved: Methylnaltrexone (RELISTOR): For Patients GREATER than 62 kg
Discontinue all laxatives prior to ordering and administering methylnaltrexone.

<input type="checkbox"/>	methylnaltrexone (RELISTOR) injection -(For eGFR LESS than 30 mL/min, reduce dose to 4 mg every other day)	12 mg, subcutaneous, every other day, ED Admit/Obs Hold for diarrhea.
--------------------------	--	--

sodium chloride 0.9% bag for line care

<input checked="" type="checkbox"/>	sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
-------------------------------------	--	--

Labs

Laboratory

<input type="checkbox"/>	CBC with platelet and differential	AM draw For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/>	Basic metabolic panel	AM draw For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/>	Comprehensive metabolic panel	AM draw For 1 Occurrences, ED Admit/Obs
<input type="checkbox"/>	Hemoglobin & hematocrit	Now then every 4 hours For 3 Occurrences, ED Admit/Obs
<input type="checkbox"/>	Lipase level	AM draw For 1 Occurrences, ED Admit/Obs

Respiratory

Oxygenation

<input type="checkbox"/>	Pulse oximetry continuous	Routine, Continuous Current FIO2 or Room Air: ED Admit/Obs
--------------------------	---------------------------	--

<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 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: ED Admit/Obs
---	--

Bronchodilators

<input type="checkbox"/> ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution	3 mL, nebulization, every 6 hours PRN, wheezing, ED Admit/Obs Aerosol Delivery Device:
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours, ED Admit/Obs
<input type="checkbox"/> predniSONE (DELTASONE) tablet	40 mg, oral, daily, ED Admit/Obs Give with food or snacks.

Education

<input type="checkbox"/> Tobacco cessation education	Routine, Once For 1 Occurrences, ED Admit/Obs
--	---

Consults

Additional Consults can be entered below in search field.

Ancillary Consults

<input type="checkbox"/> ED Consult Pain Management	
	Note: Due to the current resource constraints, consultation orders received after 10 AM Monday - Friday will be seen the following business day.
	Day of discharge consults will not be accepted. Reason for Consult? Consult Tracking:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: ED Admit/Obs
<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: ED Admit/Obs
<input type="checkbox"/> Consult to 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: ED Admit/Obs
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? ED Admit/Obs