

General

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Orthostatic vital signs	Routine, Once, Starting S For 1 Occurrences MD APPROVAL if Systolic Blood Pressure less than 100 or Heart Rate greater than 100

Nursing

<input type="checkbox"/> Nasogastric tube insertion	STAT, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance	STAT, Until discontinued, Starting S Tube Care Orders:
<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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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, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % infusion - 100 mL/hr	100 mL/hr, intravenous, continuous

Medications

AntiUlcer Agents

<input type="checkbox"/> pantoprazole (PROTONIX) IV bolus AND maintenance infusion	"And" Linked Panel
<input type="checkbox"/> pantoprazole (PROTONIX) 80 mg IV Loading Dose	80 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) maintenance infusion for 72 hours	8 mg/hr, intravenous, continuous Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> octreotide (SANDOSTATIN) IV bolus AND maintenance infusion	"And" Linked Panel
<input type="checkbox"/> octreotide (SANDOSTATIN) bolus injection	50 mcg, intravenous, once, For 1 Doses For IV bolus doses, administer over 3 minutes. Bolus once initial dose. Infusion to start immediately after bolus. May cause Q-T interval prolongation.
<input type="checkbox"/> octreotide (SandoSTATIN) maintenance infusion	50 mcg/hr, intravenous, continuous May cause Q-T interval prolongation

<input type="checkbox"/> famotidine (PEPCID) IV Push	20 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg IV Push	40 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> alum-mag hydroxide-simeth (MAALOX) suspension	30 mL, oral, once, For 1 Doses
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Antibiotics for Suspected Variceal Bleed in Cirrhotic Patient

<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, Administer over: 30 Minutes, once, For 1 Doses Reason for Therapy:
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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) 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 (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.

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
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<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

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<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, Administer over: 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.

VTE

Labs

Laboratory STAT

<input checked="" type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Gastrointestinal pathogens panel, PCR	Once, Stool
<input checked="" type="checkbox"/> Amylase	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/> Ammonia level	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid level	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Type and screen	STAT For 1 Occurrences
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:

Laboratory-STAT

<input checked="" type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Gastrointestinal pathogens panel, PCR	Once For 1 Occurrences, Stool
<input checked="" type="checkbox"/> Amylase	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/> Ammonia level	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid level	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Type and screen	STAT For 1 Occurrences

Cardiac Lab

<input type="checkbox"/> Troponin T	STAT For 1 Occurrences
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Cardiac Lab

<input type="checkbox"/> Troponin, I-Stat	STAT For 1 Occurrences
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Pregnancy Labs

<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.):
<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.):

Cardiology

Imaging

Diagnostic CT

<input type="checkbox"/> CT Abdomen Pelvis W Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
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Diagnostic X-Ray

<input type="checkbox"/> Abdomen Acute Inc Chest	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If Ambulatory. If non-ambulatory then order portable chest and abdomen exams instead
<input type="checkbox"/> Abdomen 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If non-ambulatory
<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If non-ambulatory

Other Studies

Respiratory

Respiratory

<input type="checkbox"/> Oxygen therapy	STAT, 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:
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Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders