

ED Advanced Trauma/Bites/Extremity Pain [1619]

For suspected rabies - consider an option to consult Texas Department of State Health Services - Zoonosis Phone No (713) 767-3300 - per CDC.gov/rabies for risk assessments and post exposure prophylaxis recommendations

General

Nursing

Vital Signs

Vital signs - T/P/R/BP STAT, Per unit protocol

Nursing

Insert peripheral IV STAT, Once
Leave saline lock in place for ETOH detox patient.

Morgan Lens Eye Irrigation 1000 mL normal Saline STAT, Until discontinued, Starting S

Provide suture tray to patient bedside STAT, Once For 1 Occurrences

Diet

NPO Diet effective now, Starting S
NPO:
Pre-Operative fasting options:

IV Fluids

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Routine, Once

sodium chloride 0.9 % flush 10 mL, intravenous, every 12 hours scheduled

sodium chloride 0.9 % flush 10 mL, intravenous, PRN, line care

IV Fluids

sodium chloride 0.9 % bolus 1000 mL 1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses

sodium chloride 0.9 % bolus 500 mL 500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses

sodium chloride 0.9 % infusion - 100 mL/hr 100 mL/hr, intravenous, continuous

Medications

Immunizations

diphtheria/tetanus Toxoid injection - Adult 0.5 mL, intramuscular, once, For 1 Doses

diphtheria/pertussis/tetanus (TDAP, ADACEL) injection - Adult 0.5 mL, intramuscular, once, For 1 Doses

rabies immune globulin (PF) (IMOGAM) 150 unit/mL injection 20 Units/kg, intramuscular, once, For 1 Doses
Infiltrate site; If anatomically feasible, the full rabies immune globulin (human) (HRIG) dose should be infiltrated around and into the wound(s); remaining volume should be administered IM in the deltoid muscle of the upper arm or lateral thigh muscle. Do not administer rabies vaccine in the same syringe or at the same administration site as HRIG.

rabies vaccine (IMOVAX, RABAVERT) injection 1 mL, intramuscular, once, For 1 Doses

tetanus immune globulin (PF) (HYPER TET S/D) 250 unit injection 250 Units, intramuscular, once, For 1 Doses

Pain

<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	1 mg, intravenous, once PRN, severe pain (score 7-10), pain augmentation Monitor and record pain scores and respiratory status.
<input type="checkbox"/> morphine injection	4 mg, intravenous, once, For 1 Doses Monitor and record pain scores and respiratory status Allowance for Patient Preference:
<input type="checkbox"/> diazepam (VALIUM) tablet	5 mg, oral, once PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), pain Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen per day Allowance for Patient Preference:

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, once 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, once PRN, nausea, vomiting 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) 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 checked="" 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 checked="" 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.

Anesthetics

<input type="checkbox"/> lidocaine (XYLOCAINE) 5 mg/mL (0.5 %) injection	10 mL, injection, once, For 1 Doses
<input type="checkbox"/> lidocaine (XYLOCAINE) 20 mg/mL (2 %) injection	10 mL, injection, once, For 1 Doses
<input type="checkbox"/> lidocaine-epinephrine (PF) (XYLOCAINE W/EPI) 2 %-1:200000 injection	10 mg, injection, once, For 1 Doses

Antibiotics

[Antibiotic Regimen for Animal/Human Bites](#)

URL:

"<https://cid.oxfordjournals.org/content/early/2014/06/14/cid.ciu296.full.pdf+html>"

<input type="checkbox"/> Intravenous Antibiotics for Bites	
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	1.5 g, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	1 g, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IVPB plus metronIDAZOLE (FLAGYL) IVPB	"And" Linked Panel
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:

<input type="checkbox"/>	metronidazole (FLAGYL) IV	500 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: Reason for Therapy:
<input type="checkbox"/>	metronidazole (FLAGYL) IV	500 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: Reason for Therapy:
<input type="checkbox"/>	Oral Antibiotics for Bites	
<input type="checkbox"/>	amoxicillin-pot clavulanate (AUGMENTIN) 875-125 mg per tablet	1 tablet, oral, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/>	If PCN allergy: doxycycline + metronidazole	"And" Linked Panel
<input type="checkbox"/>	doxycycline (VIBRAMYCIN) oral	100 mg, oral, once, For 1 Doses Reason for Therapy:
<input type="checkbox"/>	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, once, For 1 Doses Reason for Therapy:
<input type="checkbox"/>	If PCN allergy: levofloxacin and metronidazole	"And" Linked Panel
<input type="checkbox"/>	levoFLOXacin (LEVAQUIN) tablet	750 mg, oral, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/>	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, once, For 1 Doses Reason for Therapy:
<input type="checkbox"/>	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, once, For 1 Doses Reason for Therapy:

Ophthalmic

<input type="checkbox"/>	sodium chloride (NS) 0.9 % irrigation solution	1,000 mL, irrigation, once, For 1 Doses
<input type="checkbox"/>	tetracaine HCl (PF) 0.5 % ophthalmic solution	2 drop, once, For 1 Doses
<input type="checkbox"/>	fluorescein ophthalmic strip	1 strip, once, For 1 Doses

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.
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VTE

Labs

Laboratory STAT

<input type="checkbox"/>	CBC with platelet and differential	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"/>	D-dimer	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"/>	Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:

Laboratory STAT

<input type="checkbox"/>	CBC with differential	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"/>	D-dimer	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"/>	Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:

Laboratory - STAT

<input type="checkbox"/>	CBC with platelet and differential	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"/>	D-dimer	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"/>	Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis	STAT For 1 Occurrences
<input type="checkbox"/>	Urine culture	STAT For 1 Occurrences, Urine

Pregnancy Kirby

<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 QUANTitative, serum	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Pregnancy

<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 QUANTitative, serum	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Microbiology (Single Response)

<input type="checkbox"/>	Aerobic culture	Once For 1 Occurrences, Wound Wound
<input type="checkbox"/>	Anaerobic culture	Once For 1 Occurrences, Wound Wound

Cardiology

Cardiology

<input type="checkbox"/>	ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-Op Clearance
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Imaging

Diagnostic CT

<input type="checkbox"/>	CT Head Wo Contrast -Trauma	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Maxillofacial Wo Contrast -Trauma	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Cervical Spine Wo Contrast -Trauma	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Chest W Contrast - Trauma	STAT, 1 time imaging, Starting S at 1:00 AM For 1

<input type="checkbox"/>	CT Abdomen Pelvis W Contrast (Omnipaque) for Trauma	"And" Linked Panel	
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).			
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once, For 1 Doses	
<input type="checkbox"/>	CT Chest W Abdomen W Pelvis W Contrast (Omnipaque) for Trauma	"And" Linked Panel	
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).			
<input type="checkbox"/>	CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast Trauma	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once	
<input type="checkbox"/>	CT Lumbar Spine Wo Contrast- Trauma	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Thoracic Spine Wo Contrast- Trauma	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CTA Chest W Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Maxillofacial W Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Maxillofacial W Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Orbits W Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Orbits Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Orbits W Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity W Contrast Bilateral	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity W Contrast Left	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity W Contrast Rt	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity Wo Contrast Bilateral	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity Wo Left	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Upper Extremity Wo Right	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CTA Abdominal Aorta And Bilateral Iliofemoral Runoff W Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lumbar Spine Wo Contrast	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity W Contrast Bilateral	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity W Contrast Left	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity W Contrast Right	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity Wo Contrast Bilateral	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity Wo Contrast Left	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	CT Lower Extremity Wo Contrast Right	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
Diagnostics X-Ray Chest			
<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Cervical Spine 2 Or 3 Vw	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Lumbar Spine Complete 4+ Vw	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Thoracic Spine 3 Vw	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Lumbar Spine 2 Or 3 Vw	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Sacrum And Coccyx	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences
<input type="checkbox"/>	Shoulder 2+ Vw Right	STAT, 1 time imaging, Starting S at	1:00 AM For 1 Occurrences

<input type="checkbox"/>	Clavicle Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Clavicle Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
Diagnostics X-Ray Arms		
<input type="checkbox"/>	Humerus Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Humerus Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Elbow 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Elbow 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Elbow 3+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Elbow 3+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Forearm 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Forearm 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Wrist 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Wrist 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Wrist 3+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Wrist 3+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Hand 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Hand 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Hand 3+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Hand 3+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
Diagnostics X-Ray Legs		
<input type="checkbox"/>	Pelvis 1 Or 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Tibia Fibula 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Legs Bilateral	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	XR Hip 2-3 View Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	XR Hip 2-3 View Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Femur 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Femur 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Knee 1 Or 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Knee 1 Or 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Knee 4+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Knee 4+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

<input type="checkbox"/> Ankle 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Ankle 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Ankle 3+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Ankle 3+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Foot 2 Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Foot 2 Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Foot 3+ Vw Left	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Foot 3+ Vw Right	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

Diagnostics US

<input type="checkbox"/> USPV Venous Lower Extremity Bilateral	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> USPV Venous Upper Extremity Bilat	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

Type and Crossmatch Order Set

Type and Crossmatch

<input type="checkbox"/> Type and screen	STAT For 1 Occurrences
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Blood Products

<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Prepare RBC	STAT Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse RBC	STAT Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/> Platelet Pheresis	
<input type="checkbox"/> Prepare platelet pheresis	STAT Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse platelet pheresis	STAT Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/> Fresh Frozen Plasma	
<input type="checkbox"/> Prepare fresh frozen plasma	STAT Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse fresh frozen plasma	STAT Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood
<input type="checkbox"/> Cryoprecipitate	

<input type="checkbox"/> Prepare cryoprecipitate	STAT Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse cryoprecipitate	STAT Transfusion duration per unit (hrs): Blood Transfusion
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Blood Transfusion Administer with blood

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders