

# ED Advanced Abdominal Pain/Flank Pain [1556]

## General

## Nursing

### Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Orthostatic vital signs	STAT, Once For 1 Occurrences If patient is able to stand

### Nursing

<input type="checkbox"/> ED bedside monitoring	STAT, Continuous
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### Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
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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

### Antibiotics

<input type="checkbox"/> cefazolin (ANCEF) 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. Indication: Uro/Genital Recommendation:
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, Administer over: 30 Minutes, once, For 1 Doses Indication: Uro/Genital Recommendation:
<input type="checkbox"/> metronidazole (FLAGYL)	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: Uro/Genital
<input type="checkbox"/> Penicillin/Beta-Lactam allergy: ciprofloxacin (CIPRO) IV	400 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Indication:

<input type="checkbox"/> Penicillin/Beta-Lactam allergy: 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: Indication:
<input type="checkbox"/> nitrofurantoin (macrocrystal-monohydrate) (MACROBID) 100 MG capsule	100 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. Indication: Uro/Genital
<input type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, once, For 1 Doses Indication: Uro/Genital Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.

### Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> morPHINE injection	4 mg, intravenous, once PRN, severe pain (score 7-10) Give if patient c/o pain is GREATER than or equal to 7, is not hypotensive and does not have an allergy to morphine. Allowance for Patient Preference:
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, once PRN, severe pain (score 7-10)

### General Medications

<input type="checkbox"/> lidocaine/maalox (GI COCKTAIL) suspension	30 mL, oral, once, For 1 Doses
<input type="checkbox"/> pantoprazole (PROTONIX) injection	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:

### Antiemetics

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

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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	<b>"Or" Linked Panel</b>
<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.

## Labs

### 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"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Amylase	STAT For 1 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid level - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
<input type="checkbox"/> Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/> Troponin T	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 type="checkbox"/> Type and screen	STAT For 1 Occurrences

### Laboratory STAT

<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time panel I-Stat	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"/> Amylase	STAT For 1 Occurrences
<input type="checkbox"/> Lipase	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/> Troponin, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Urinalysis screen with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:

<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences
<b>Laboratory</b>		
<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Prothrombin time panel I-Stat	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"/>	Amylase	STAT For 1 Occurrences
<input type="checkbox"/>	Lipase	STAT For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid level - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
<input type="checkbox"/>	Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Beta hydroxybutyrate	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Urinalysis screen with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences

### GU/Pelvic Labs STAT

<input type="checkbox"/>	Chlamydia trachomatis, NAA	STAT For 1 Occurrences Specimen Source: Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/>	Neisseria gonorrhoeae, NAA	STAT For 1 Occurrences Specimen Source: Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/>	Rhogam Type and Screen	Once
<input type="checkbox"/>	Wet prep	Once

### 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.):
<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.):

## Cardiology

### Cardiology

<input type="checkbox"/>	ECG 12 lead	STAT, Once Clinical Indications: Other: Other: Per ACS Protocol Interpreting Physician: To be performed by ED Staff - Show immediately to ED MD
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## Imaging

### Diagnostics X-Ray

<input type="checkbox"/>	Abdomen Acute Inc Chest	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Abdomen Ap And Lateral	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Flat
<input type="checkbox"/>	Abdomen 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1

### Diagnostics CT

<input type="checkbox"/>	CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)	<b>"And" Linked Panel</b>
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 Abdomen and Pelvis without IV Contrast (for Iodine allergy, oral only - Read-Cat)	<b>"And" Linked Panel</b>
Ordered as secondary option for those with iodine allergies.		
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once, For 1 Doses
<input type="checkbox"/>	CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)	<b>"And" Linked Panel</b>
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		
<input type="checkbox"/>	CT Abdomen Pelvis Wo 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 Renal Stone Protocol	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

### Diagnostic US

<input type="checkbox"/>	US Abdomen Complete	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	US Abdominal Limited	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Right Upper Quadrant
<input type="checkbox"/>	US Gallbladder	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Scrotal	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Pelvic Non Ob Limited	STAT, 1 time imaging, Starting S at 1:00 AM For 1

### Ultrasound & Misc

<input type="checkbox"/>	US Pregnancy Single Less Than 14 weeks with US Pregnancy Transvaginal	
<input type="checkbox"/>	US Pregnancy Single Less Than 14 Weeks	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Must be ordered with US Pregnancy Transvaginal Order.
<input type="checkbox"/>	US Pregnancy Transvaginal	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Must be ordered with Us Pregnancy single <14 weeks.
<input type="checkbox"/>	US Pregnancy Single Less Than 14 weeks with US Pregnancy Transvaginal ( Pregnant, Vaginal Bleed )	
<input type="checkbox"/>	US Pregnancy Single Less Than 14 Weeks	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Must be ordered with US Pregnancy Transvaginal order.
<input type="checkbox"/>	US Pregnancy Transvaginal	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Must be ordered with US Pregnancy Single <14 weeks.
<input type="checkbox"/>	US Pregnancy Greater Than 14 weeks - Limited	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	US Pregnancy Greater Than 14 weeks - Limited	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences

### Other Studies

### Respiratory

### Rehab

### Consults

For Physician Consult orders use sidebar

