

## General

## Nursing

## Vital Signs

<input checked="" type="checkbox"/> Vital Signs	STAT, Every hour Vitals, Q 1 hour x 2 hours and then Q 4 hours
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## Vital Signs - HMM

<input checked="" type="checkbox"/> Vital Signs	STAT, Per unit protocol Vitals every 15 mins for 2 hours then hourly
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## Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

## Nursing

<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous
<input checked="" type="checkbox"/> NIH Stroke Scale	STAT, Once For 1 Occurrences Perform on arrival
<input checked="" type="checkbox"/> Neurological assessment	STAT, As directed Assessment to Perform: Glasgow Coma Scale, Level of Consciousness, Pupils neurological assessment frequency Q 1 hour x 2 hours and then Q 4 hours
<input checked="" type="checkbox"/> Draw labs PRIOR to CT if it will not delay procedure	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Dysphagia screen	STAT, Once No oral intake until pass dysphagia screening
<input checked="" type="checkbox"/> No oral intake until pass dysphagia screening	STAT, Once For 1 Occurrences

## Nursing - HMM

<input checked="" type="checkbox"/> ED bedside monitoring	STAT, Continuous
<input checked="" type="checkbox"/> NIH Stroke Scale	STAT, Once
<input checked="" type="checkbox"/> Neurological assessment	STAT, As directed Assessment to Perform: Pupils, Glasgow Coma Scale, Level of Consciousness, Extremities neurological assessment every 15 mins for 2 hours then hourly
<input checked="" type="checkbox"/> Draw labs PRIOR to CT if it will not delay procedure	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Dysphagia screen	STAT, Once No oral intake until pass dysphagia screening
<input checked="" type="checkbox"/> No oral intake until pass dysphagia screening	STAT, Once For 1 Occurrences

## Notify

<input checked="" type="checkbox"/> Notify Physician	STAT, Until discontinued, Starting S, If patient presents with risk factors for sepsis, or altered mental status, or abnormal vital signs. Complete ED screening tool and notify ED physician for initiation of sepsis treatment.
<input checked="" type="checkbox"/> Notify Physician	STAT, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)

## IV Fluids

## Medications

### Medications - Aspirin (Single Response)

<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, once, For 1 Doses
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, once, For 1 Doses
<input type="checkbox"/> aspirin suppository - for NPO patients	300 mg, rectal, once, For 1 Doses

### Medications - IV

<input type="checkbox"/> labetalol (TRANDATE) injection	10 mg, intravenous, once, For 1 Doses BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated

### Medications - Intracranial Hemorrhage

For FFP use the Type and Crossmatch order set

<input type="checkbox"/> phytonadione (VITAMIN K) IVPB	10 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses Indication:
<input type="checkbox"/> levETIRAcetam (KEPPRA) IVPB	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:
<input type="checkbox"/> phenytoin (DILANTIN) IVPB	15 mg/kg, intravenous, once, For 1 Doses Filtered tubing required for infusion Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> mannitol 20 % infusion	intravenous, Administer over: 30 Minutes, once, For 1 Doses

## VTE

## Labs

### Labs STAT

<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic 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"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site: Clean catch
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

### Labs STAT

<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid, I-Stat , SEPSIS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences

<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<input type="checkbox"/> Urinalysis screen with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

#### Labs STAT

<input checked="" type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time panel I-Stat	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic 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"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT. May use EMS results if available.
<input type="checkbox"/> Urinalysis screen with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

#### Labs-Cardiac

<input type="checkbox"/> Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> B natriuretic pep, I-Stat	STAT For 1 Occurrences

#### Labs-Cardiac

<input type="checkbox"/> Troponin T Series ACS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> NT-proBNP	STAT For 1 Occurrences

#### Labs - Cardiac

<input type="checkbox"/> Troponin T Series ACS	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> NT-proBNP	STAT For 1 Occurrences

#### Labs-Cardiac

<input type="checkbox"/> Troponin Series ACS, I-Stat	Now then every 3 hours For 3 Occurrences
<input type="checkbox"/> B natriuretic pep, I-Stat	STAT For 1 Occurrences

#### Labs - Liver Failure

<input type="checkbox"/> Ammonia level	STAT For 1 Occurrences
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#### Labs - Possible Intoxication

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

#### Labs - Based on Medication History

<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/> Carbamazepine level, total	STAT For 1 Occurrences
<input type="checkbox"/> Lithium level	STAT For 1 Occurrences
<input type="checkbox"/> Valproic acid level, total	STAT For 1 Occurrences
<input type="checkbox"/> Phenytoin level, total	STAT For 1 Occurrences

### Labs - 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 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"/> POC pregnancy, urine	Once For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

### Labs - Microbiology

<input type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

### Labs - Type and Crossmatch

<input type="checkbox"/> Type and Screen	
<input type="checkbox"/> Type and screen	STAT For 1 Occurrences
<input type="checkbox"/> Blood Products	
<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Red Blood Cells	Antibodies are present. There may be a delay in product availability.
<input type="checkbox"/> Prepare RBC	STAT Transfusion Indications: Transfusion date:
<input type="checkbox"/> Transfuse RBC	STAT Transfusion duration per unit (hrs):
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous PRN, RBC transfusion Administer with blood
<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Prepare RBC	STAT Transfusion Indications: Transfusion date:
<input type="checkbox"/> Transfuse RBC	STAT Transfusion duration per unit (hrs):
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous PRN, RBC 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

## Cardiology

### Cardiology

<input checked="" type="checkbox"/>	Electrocardiogram, 12-lead	STAT, Once Clinical Indications: Other: Other: CVA/TIA/AMS Interpreting Physician: To be performed by ED Staff - Show immediately to physician.
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## Imaging

### CT (Selection Required)

<input checked="" type="checkbox"/>	CT Stroke (Single Response) (Selection Required)	
<input type="checkbox"/>	CT Stroke (LKN < 6 Hours)	
<input type="checkbox"/>	CT Stroke Brain Wo Contrast LKN < 6 Hours	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If meets stroke protocol criteria, do Immediately on arrival to ER
<input type="checkbox"/>	CTA Stroke Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours " Follow ELVO Protocol"
<input type="checkbox"/>	CTA Stroke Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours
<input type="checkbox"/>	CT Stroke (LKN > 6 Hours)	
<input type="checkbox"/>	CT Stroke Brain Wo Contrast LKN > 6 Hours	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If meets stroke protocol criteria, do Immediately on arrival to ER
<input type="checkbox"/>	CTA Stroke Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours " Follow ELVO Protocol"
<input type="checkbox"/>	CTA Stroke Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours
<input type="checkbox"/>	CT Stroke (LKN Unknown)	
<input type="checkbox"/>	CT Stroke Brain Wo Contrast - LKN Unknown	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	CTA Stroke Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CTA Stroke Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input checked="" type="checkbox"/>	iohexol (OMNIPAQUE) 350 mg iodine/mL iv solution	
<input checked="" type="checkbox"/>	iohexol (OMNIPAQUE) 350 mg iodine/mL injection	100 mL, intravenous, once in imaging, contrast
<input checked="" type="checkbox"/>	sodium chloride 0.9 % bolus	50 mL, intravenous, Administer over: 1 Minutes, once in imaging, Flush, Starting S
<input type="checkbox"/>	CT Brain Perfusion w/recon (LKN 6-24 hrs and NIH>=6)	
<input type="checkbox"/>	CT Brain Perfusion w/recon	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences LKW 6-24 hrs and NIH>=6

<input type="checkbox"/>	iohexoL (OMNIPAQUE) 350 mg iodine/mL injection	100 mL, intravenous, once in imaging, contrast
<input type="checkbox"/>	sodium chloride 0.9 % bolus	50 mL, intravenous, Administer over: 1 Minutes, once in imaging, Flush, Starting S

### MRI/MRA

<input type="checkbox"/>	MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perfusion Brain MRI
<input type="checkbox"/>	MRA Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Neck Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain Venogram	STAT, 1 time imaging, Starting S at 1:00 AM For 1

### X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Cervical Spine Complete	STAT, 1 time imaging, Starting S at 1:00 AM For 1

## Other Studies

## Respiratory

### Respiratory

<input checked="" type="checkbox"/>	Oxygen therapy	STAT, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Indications for O2 therapy: Respiratory distress Device 2: Device 3: Indications for O2 therapy:
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## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/>	ED Consult Neurology	Reason for Consult? Consult Tracking:
<input type="checkbox"/>	Consult to Case Management	Consult Reason:
<input type="checkbox"/>	Consult to Social Work	Reason for Consult:
<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:
<input type="checkbox"/>	Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound?
<input type="checkbox"/>	Consult OT Eval and Teat	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:
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Purpose/Topic:

<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	STAT, Once Consult Reason: Dysphagia,Dysarthria
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? To manage oxygen saturation and airway

**Additional Orders**