

Initiate Orders Phase Admission/Transfer/Discharge		
☑	Patient Status Initial Outpatient <i>T;N</i> Attending Physician:	
	Reason for Visit:	
	Bed Type: Specific Unit:	
	Outpatient Status/Service: OP OBSERVATION Services	
	ets/Protocols/PowerPlans	
	Initiate Powerplan Phase Phase: Seizure Observation Phase, When to Initiate:	
Seizure Vital Si	e Observation Phase igns	
☑	Vital Signs w/Neuro Checks Monitor and Record T,P,R,BP, q4h(std)	
Activity		
	Bedrest	
	Bedrest w/BRP	
_	lutrition	
	NPO	
	Clear Liquid Diet	
	Regular Adult Diet	
	Consistent Carbohydrate Diet Caloric Level: 1800 Calorie	
	AHA Diet	
	Combination Diet	
Patient Care		
	Intermittent Needle Therapy Insert/Site Care q4day	
$\overline{\mathbf{\nabla}}$	Seizure Precautions	
$\overline{\mathbf{\nabla}}$	Telemetry	
	O2 Sat Monitoring NSG q4h(std)	
	Indwelling Urinary Catheter Insert-Follow Removal Protocol	
	Indwelling Urinary Catheter Care Routine	
☑	Instruct/Educate Instruct: patient/family, Method: Provide Pamphlet, Topic: Observation Services	
$\overline{\mathbf{A}}$	Whole Blood Glucose Nsg Stat, once	
Nursin	g Communication	
☑	Nursing Communication Complete Swallow Screen	
Respira	atory Care	
	ISTAT Blood Gases (RT Collect) once	
	Nasal Cannula 2 L/min, Special Instructions: Titrate to keep 02 sat >/=92%	
Continuous Infusion		
	Sodium Chloride 0.9% Bolus	





_	500 mL, Injection, IV Piggyback, once, STAT, 1,000 mL/hr ( infuse over 0
	Sodium Chloride 0.9%
	1,000 mL, IV, Routine, 75 mL/hr
	Sodium Chloride 0.45%
	1,000 mL, IV, Routine, 75 mL/hr
	Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, 75 mL/hr
Medic	
	VTE MEDICAL Prophylaxis Plan(SUB)*
	+1 Hours acetaminophen
_	650 mg, Tab, PO, q6h, PRN Fever, Routine
	+1 Hours acetaminophen
	650 mg, Supp, PR, q6h, PRN Fever, Routine, if unable to take PO
	D50W Syringe 50 mL, Injection, IV Push, once, STAT
	Comments: For Glucose less than 60 with altered mental status
	LORazepam
	4 mg, Injection, IV Push, once, STAT
	midazolam
	10 mg, Injection, IM, once, STAT, If no IV access
	+1 Hours LORazepam
	2 mg, Injection, IV Push, once, PRN Seizure Activity, Routine +1 Hours ondansetron
	4 mg, Injection, IV Push, q6h, PRN Nausea
	+1 Hours phenytoin
	100 mg, Cap, PO, tid
	+1 Hours levETIRAcetam
_	1,000 mg, Tab, PO, bid
	+1 Hours thiamine
	100 mg, Tab, PO, once (DEF)* 100 mg, IV Piggyback, IV Piggyback, once, STAT
	Comments: give IV if unable to take PO
	Loading Dose Options. Choose one(NOTE)*
	phenytoin
	5 mg/kg, PO, q4h, STAT, (for 4 dose )
	Comments: Loading Dose OR(NOTE)*
	levETIRAcetam
	3,000 mg, Injection, IV Piggyback, once, STAT
	OR(NOTE)*
	fosphenytoin
	10 mg/kg, Injection, IV Piggyback, once, STAT Comments: Loading Dose, Max Rate of 150 mg/min.
Labora	
	If not ordered in the past 24 hours, place order for CBC, CMP and Magnesium Level below:(NOTE)*
	CBC
	STAT, T;N, once, Type: Blood, Nurse Collect
$\Box$	CMP
	STAT, T;N, once, Type: Blood, Nurse Collect
	Magnesium Level STAT, T;N, once, Type: Blood, Nurse Collect

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	Prolactin
	STAT, T;N, once, Type: Blood, Nurse Collect CPK
	Time Study, q4h x 2 occurrence, Type: Blood
	Troponin-I
	Time Study, q4h x 2 occurrence, Type: Blood
	Alcohol Level STAT, T;N, once, Type: Blood, Nurse Collect
	Ammonia Level
_	STAT, T;N, once, Type: Blood, Nurse Collect
	PT/INR
	STAT, T;N, once, Type: Blood, Nurse Collect PTT
	STAT, T;N, once, Type: Blood, Nurse Collect
	Urine Drug Abuse Screen
	STAT, T;N, once, Type: Urine, Nurse Collect
	Urinalysis w/Reflex Microscopic Exam STAT, T;N, once, Type: Urine, Nurse Collect
	If possibility of pregnancy, order one below:(NOTE)*
	Pregnancy Screen Serum
	STAT, T;N, once, Type: Blood, Nurse Collect Pregnancy Screen Urine Point of Care
	Stat, once
	If possibility patient is taking any of the seizure medications listed below, place appropriate Level Orders:(NOTE)*
	Phenobarbital Level
	STAT, T;N, once, Type: Blood, Nurse Collect Valproic Acid Level
	STAT, T;N, once, Type: Blood, Nurse Collect
	Phenytoin Level
	STAT, T;N, once, Type: Blood, Nurse Collect
	Carbamazepine Level STAT, T;N, once, Type: Blood, Nurse Collect
Diagno	ostic Tests
	Chest 1 View
	<i>T;N, Reason for Exam: SOB(Shortness of Breath), Stat, Portable</i> Spine Cerv 2/3 Views
	<i>T;N, Reason for Exam: Trauma, Stat</i>
	CT Brain/Head WO Cont
	T;N, Reason for Exam: Seizure, Stat, Stretcher
	EKG Start at: T;N, Reason: Other, specify, PRN for chest pain or dysrhythmia
_	Comments: PRN for chest pain or dysrhythmia
	EEG
	Reason: Other, Specify, New Onset Seizures, Stat, Portable Comments: to be read by Neurologist
	Its/Notifications/Referrals
☑	Notify Physician-Once
	Notify For: of room number on arrival to unit Physician Consult
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 Physician Consult
Case Management Consult *Routine, Reason: Discharge Planning* Case Management Consult

Time

e Management Consult Routine, Reason: Home Care

Date

Physician's Signature

**MD** Number

#### \*Report Legend:

DEF - This order sentence is the default for the selected order GOAL - This component is a goal IND - This component is an indicator INT - This component is an intervention IVS - This component is an IV Set NOTE - This component is a note Rx - This component is a prescription SUB - This component is a sub phase, see separate sheet R-Required order