



Physician Orders ADULT
Order Set: Diarrhea Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
Vital Signs		
Activity		
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Advance Diet As Tolerated	T;N
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, Perform perianal skin care q-shift, PRN
Respiratory Care		
Continuous Infusions		
<input type="checkbox"/>	Dextrose 5% with 0.9% NaCl	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	potassium chloride (D5NS KCl 20 mEq)	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	potassium chloride (D51/2 NS KCl 10 mEq)	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9% (NS)	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	potassium chloride (NS KCl 20 mEq...)	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45% (1/2NS)	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45% with KCl 20 mEq	1,000 mL,IV,Routine,T;N,75 mL/hr
Medications		
<input type="checkbox"/>	loperamide	2 mg, Cap, PO, PRN Loose Stool, Routine
<input type="checkbox"/>	atropine-diphenoxylate	1 tab, Tab, PO, qid, Routine
<input type="checkbox"/>	aluminum hydroxide	30 mL, Oral Susp, PO, q6h, PRN Diarrhea, Routine, T;N
<input type="checkbox"/>	cholestyramine	4 g, Powder, PO, bid, Routine, T;N
<input type="checkbox"/>	cholestyramine	4 g, Powder, PO, qid, Routine, T;N
<input type="checkbox"/>	hyoscyamine	0.125 mg, Tab, PO, q4h, PRN Diarrhea, T;N
Laboratory		
<input type="checkbox"/>	CBC	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Clostridium Difficile Toxin Assay A&B	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Stool Culture	T;N, Routine, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	WBC Stool - Ped (Stool WBC - Ped)	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Ova & Parasites, Stool Concentrate & Permanent Smear	T;N, Routine, Specimen Source: Stool, Nurse Collect



attach patient label here



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Laboratory continued		
<input type="checkbox"/>	Giardia lamblia Antigen	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Rotavirus Antigen	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Ova & Parasites, Stool Concentrate & Permanent Smear	T;N, Routine, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Giardia lamblia Antigen	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Rotavirus Antigen	T;N, Routine, once, Type: Stool, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Abd Sing AP VW	T;N, Reason for Exam: Diarrhea, Routine, Stretcher
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, Reason for Exam: Diarrhea, Routine, Stretcher
Consults/Notifications		

Date **Time** **Physician's Signature** **MD Number**