



Physician Orders ADULT
Order Set: ED Abdominal Pain Male Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Triage Standing Orders

NOTE: If patient is known diabetic, place Bedside Glucose order below:

☐ Whole Blood Glucose Nsg (Bedside T;N, Stat, once, PRN
Glucose Nsg)

☐ Intermittent Needle Therapy Insert/Site T;N,q4day
(INT Insert/Site Care)

☐ NPO Start at: T;N

☐ CBC T;N, STAT, once, Type: Blood, Nurse Collect

☐ Comprehensive Metabolic Panel (CMP) T;N, STAT, once, Type: Blood, Nurse Collect

☐ Lipase Level T;N, STAT, once, Type: Blood, Nurse Collect

NOTE: if age greater than 60 years of age order Lactic Acid Level below:

☐ Lactic Acid Level T;N, STAT, once, Type: Blood, Nurse Collect

☐ EKG T;N, STAT, Reason for Exam: Chest Pain

NOTE: If patient is greater than 25 years order Troponin below:

☐ ED Troponin T;N, STAT

☐ Troponin-I T;N, STAT

Patient Care

☐ O2 Sat Spot Check-NSG T;N, Stat

☐ O2 Sat Monitoring NSG T;N, Stat

☐ Catheterize In/Out (In and Out Cath) T;N, Stat

Respiratory Care

☐ Nasal Cannula (O2-BNC) T;N Stat, 2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%

Continuous Infusions

☐ Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus) 1,000 mL, IV Piggyback, once, STAT, 1,000 mL/hr

☐ Lactated Ringers Injection (Lactated Ringers Bolus) 1,000 mL, IV Piggyback, once, STAT, 1,000 mL/hr

☐ Sodium Chloride 0.9% 1,000 mL, IV, STAT, T;N, 75 mL/hr

☐ Sodium Chloride 0.45% 1,000 mL, IV, STAT, T;N, 75 mL/hr

☐ Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W) 1,000 mL, IV, STAT, T;N, 75 mL/hr





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Medications		
NOTE: Option 1 (Mild to Moderate)		
[]	Ertapenem	1, 000 mg, IV Piggyback, IV Piggyback, once, STAT
OR		
[]	cefTRIAxone	1 g, IV Piggyback, IV Piggyback, once, STAT
AND		
[]	metroNIDAZOLE	500 mg, IV Piggyback, IV Piggyback, once, STAT, T;N, ()
NOTE: Option 2 (Severe)		
[]	piperacillin-tazobactam	3.375 g, IV Piggyback, IV Piggyback, once, STAT
NOTE: If documented beta lactam allergy then give Ciprofloxacin and metroNIDAZOLE		
[]	Ciprofloxacin	400mg, IV Piggyback, IV Piggyback, once, STAT
AND		
[]	metroNIDAZOLE	500 mg, IV Piggyback, IV Piggyback, once, STAT
[]	HYDROmorphone	1 mg, Injection, IV Push, once, STAT
[]	morphine	2 mg, Injection, IV Push, once, STAT
[]	prochlorperazine	5 mg, Injection, IV Push, once, STAT
[]	ketorolac	15 mg, Injection, IV Push, once, STAT
[]	ketorolac	30 mg, Injection, IV Push, once, STAT
[]	metoclopramide	10 mg, Injection, IV Push, once, STAT, T;N
[]	ondansetron	4 mg, Injection, IV Push, once, STAT, T;N
Laboratory		
[]	Urine Culture	T;N, STAT, Specimen Source: Urine, Nurse Collect
[]	CK	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Chem 8 Profile POC	T;N, Stat
[]	Type and Screen	T;N, STAT, to Hold, Type: Blood, Nurse Collect
[]	Transfuse PRBC's - ED or OP	T;N, STAT
[]	Blood Culture	Time Study, q5min x 2 occurrences, Nurse Collect
[]	Chlamydia Trachomatis/Neisseria Gonorrhoeae by PCR	T;N, STAT, once, Nurse Collect
[]	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Occult Blood, Stool	T;N, STAT, once, Type: Stool, Nurse Collect
[]	Troponin-I	STAT, T;N, once, Type: Blood, Nurse Collect
[]	CK Isoenzymes	STAT, T;N, once, Type: Blood, Nurse Collect
[]	N-terminal pro-Brain Natriuretic Peptide (BNP Pro)	STAT, T;N, once, Type: Blood, Nurse Collect
[]	Myoglobin	T;N, STAT, once, Type: Blood, Nurse Collect

attach patient label here



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Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Stat, Reason for Exam: _____, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Stat, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Abd Sing AP VW	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Abdominal Pain, Stat, Stretcher
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher
Note: If the following 2 orders are placed, must designate in the Order Comment if PO Contrast.		
<input type="checkbox"/>	CT Abdomen and Pelvis W Cont	T;N, Reason for Exam: _____, Stat, Stretcher
<input type="checkbox"/>	CT Abdomen and Pelvis WO Cont	T;N, Reason for Exam: _____, Stat, Stretcher
<input type="checkbox"/>	US Abd Comp	T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher
<input type="checkbox"/>	US Abd Ltd Sing Organ/FU	T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult (Consult MD)	T;N, Consult Who: General Surgery, Reason for Consult: _____

Date	Time	Physician's Signature	MD Number
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