



Physician Orders ADULT
Title: ED Flank Pain Orders

attach patient label here

[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

☐ NPO Start at: T;N

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

☐ Urinalysis w/Reflex Microscopic Exam STAT, T;N, once, Type: Urine, Nurse Collect

NOTE: If possibility of pregnancy order below:

☐ Pregnancy Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect

Patient Care

☐ Strain Urine T;N, STAT

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

Continuous Infusions

☐ Sodium Chloride 0.9% (Bolus) 500 mL, IV, STAT, T;N, 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 1,000 mL, IV, STAT, T;N, 75 mL/hr

Medications

☐ acetaminophen 975 mg, Tab, PO, once, PRN Pain or Fever, STAT, T;N

☐ HYDROMORPHONE 1 mg, Injection, IV Push, once, STAT, T;N

☐ ciprofloxacin 500 mg, Tab, PO, once, STAT, T;N, (for 1 dose)

☐ ciprofloxacin 400 mg, IV Piggyback, IV Piggyback, once, STAT, T;N, (for 1 dose)

☐ cefTRIAXone 1 g, IV Piggyback, IV Piggyback, once, STAT, T;N, (for 1 dose)

☐ ketorolac 30 mg, Injection, IV Push, once, STAT, T;N

☐ prochlorperazine 5 mg, Injection, IV Push, once, STAT, T;N

☐ ondansetron 4 mg, Injection, IV Push, once, STAT, T;N





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Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC (UNIV only)	T;N, STAT
<input type="checkbox"/>	Blood Culture	Time Study, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CT Abdomen and Pelvis WO Cont	T;N, Reason for Exam: flank pain, STAT
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, STAT

Date	Time	Physician's Signature	MD Number
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