



Physician Orders ADULT

Title: ED Sickle Cell Pain/Pain or SOB w/Hx of Sickle Cell 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

<input type="checkbox"/>	Intermittent Needle Therapy Insert/site Care (INT Insert/Site Care)	T;N, Stat, q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, Stat, 2 L/min, Special Instructions: Titrate to keep O2 sat => 92%
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Reticulocyte Count	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Screen	STAT, T;N, once, Type: Blood, Nurse Collect

NOTE: If patient complains of chest pain, cough or shortness of breath order the CXR below:

Chest 1 VW Frontal T;N, Stat

NOTE: If possibility of pregnancy order below:

Pregnancy Screen Serum T;N, STAT, once, Type: Blood, Nurse Collect

Vital Signs

Vital Signs T;N, q1h

Food/Nutrition

NPO Start at T;N,

Regular Diet Start at T;N

Patient Care

O2 Sat Monitoring NSG T;N, q2h

Cardiac Monitoring (ED Only) T;N, STAT

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

Incentive Spirometer T;N, 10 times every hour

Bolus Infusion

Sodium Chloride 0.9% Bolus 500 mL, IV, piggyback, once, STAT, 1,000 mL/hr

Continuous Infusions

Sodium Chloride 0.45% 1,000mL, IV, STAT, 100 mL/hr

Dextrose 5% with 0.45% NaCl 1,000 mL, IV, STAT, 100 mL/hr

Medications

ondansetron 4 mg, Injection, IV Push, q8h PRN for nausea and vomiting

promethazine 25 mg PO q6h PRN Nausea /vomiting

diphenhydramINE 25 mg, PO, q6h PRN for itching

naloxone 0.4 mg Injection, IV Push, once, PRN Other, specify in Comment over 5min, Comment: diluted in 9mL Normal saline PRN for excessive opiate sedation or respiratory rate less than 10 breaths / min





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Sickle Cell Orders

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Medication (Continued)		
For Mild Crisis (pain score 1-3)		
<input type="checkbox"/>	ketorolac	30 mg, Injection, IV Push, once, STAT, T;N, Comment: for mild pain 1-3
	OR	
<input type="checkbox"/>	ketorolac	30 mg, Injection, IM, once, STAT, T;N, Comment: for mild pain 1-3
	AND choose one SET of morPHINE orders or one HYDROmorphone order (IV or SQ) below:	
<input type="checkbox"/>	morPHINE	4 mg, Injection, IV Push, STAT, once, T;N, Comment: for mild pain 1-3
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, q2h, PRN for pain score 1-3, (give first dose 2 hours after STAT dose maximum total dose 10 mg)
	OR	
<input type="checkbox"/>	morPHINE	4 mg, Injection, SQ, STAT, once, T;N, Comment: for mild pain 1-3
<input type="checkbox"/>	morPHINE	2 mg, Injection, SQ, q2h, PRN for pain score 1-3, (give first dose 2 hours after STAT dose maximum total dose 10 mg)
	OR choose one order below	
<input type="checkbox"/>	HYDROmorphone	0.5 mg, Injection, IV Push, q3h PRN for pain score 1-3, T;N,
<input type="checkbox"/>	HYDROmorphone	0.5 mg, Injection, SQ, q3h PRN for pain score 1-3, T;N,
For Moderate Crisis (pain score 4-7)		
<input type="checkbox"/>	ketorolac	30 mg, Injection, IV Push, once, STAT, T;N, Comment: for moderate pain 4-7
	OR	
<input type="checkbox"/>	ketorolac	30 mg, Injection, IM, once, STAT, T;N, Comment: for moderate pain 4-7
	AND	
	NOTE: If Pt weight is Less than 70 kg, choose one set of morPHINE orders (IV or SQ) below:	
<input type="checkbox"/>	morPHINE	5 mg, Injection, IV Push, once, STAT, T;N, Comment: for moderate pain 4-7
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, q2h, PRN pain moderate (4-7)
	OR	
<input type="checkbox"/>	morPHINE	5 mg, Injection, SQ, once, STAT, T;N, Comment: for moderate pain 4-7
<input type="checkbox"/>	morPHINE	2 mg, Injection, SQ, q2h, PRN pain moderate (4-7),
	NOTE: If Pt weight is More than 70 kg, choose both morPHINE orders below:	
<input type="checkbox"/>	morPHINE	10 mg, Injection, IV Push, once, STAT, T;N, Comment: for moderate pain 4-7
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, q2h, PRN pain Comment: maximum total dose 20mg
	NOTE: If MORPHINE allergic, or intolerant and If Pt weight is Less than 70 kg	
<input type="checkbox"/>	HYDROmorphone	1 mg, Injection, IV Push, once, STAT, T;N, Comment: for moderate pain 4-7
	OR	
<input type="checkbox"/>	HYDROmorphone	1 mg, Injection, SQ, once, STAT, T;N, Comment: for moderate pain 4-7
	AND	
<input type="checkbox"/>	HYDROmorphone	0.5 mg, Injection, IV Push, q3hr, PRN moderate pain (scale 4-7), Comment: maximum total dose 10mg

attach patient label here



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Medication (Continued)	
For Moderate Crisis (pain score 4-7)	
NOTE: If MORPHINE allergic, or intolerant and If Pt weight is Greater than 70 kg	
<input type="checkbox"/>	HYDRORomphone 2 mg, Injection, IV Push, once, STAT, T;N, Comment: for moderate pain 4-7
OR	
<input type="checkbox"/>	HYDRORomphone 2 mg, Injection, SQ, once, STAT, T;N, Comment: for moderate pain 4-7
AND	
<input type="checkbox"/>	HYDRORomphone 0.5 mg, Injection, IV Push, q3hr, PRN, moderate pain (scale 4-7), (maximum total dose 10mg)

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