



Physician Orders ADULT

Order Set: ED Vaginal Bleeding 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: _____		
Triage Standing Orders		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
NOTE: If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
NOTE: If patient pregnant, place orders below:		
<input type="checkbox"/>	US OB Transvaginal	T;N, Reason for Exam: Vaginal Bleed, Stat, Stretcher
<input type="checkbox"/>	Type and Screen	STAT, T;N to Hold, Type: Blood, Nurse Collect
Patient Care		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	Stat, q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	O2 Sat Monitoring NSG	Stat
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% BOLUS	1,000 mL, IV, STAT, once, 1,000 mL/hr,
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 100 mL/hr
Laboratory		
<input type="checkbox"/>	Chem 8 Profile POC (UNIV only)	T;N, Stat
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC	T;N, STAT, Reason: hold, 2 units, Type: Blood, Nurse Collect
<input type="checkbox"/>	Transfuse PRBC's - ED or OP	STAT, T;N, Unit(s): number of unit(s): _____, Reason for transfusion: _____, Expected Date of Transfusion: _____
<input type="checkbox"/>	Hold PRBC	STAT, T;N
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	HCG Quantitative (Quantitative HCG)	STAT, T;N, once, Type: Blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	US Pelvic Non OB Comp	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Vaginal Bleed, Stat, Stretcher
<input type="checkbox"/>	US Non OB Transvaginal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Vaginal Bleed, Stat, Stretcher
<input type="checkbox"/>	US OB Ltd 1+ Fetuses	T;N, Reason for Exam: Vaginal Bleed, Stat, Stretcher

Date

Time

Physician's Signature

MD Number

ED Vaginal Bleeding Orders 20548-QM0808-
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