



attach patient label here

## Physician Orders ADULT Order Set: Fever and Chills Orders

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std), stat
<b>Medications</b>		
<input type="checkbox"/> <b>Antimicrobial Orders</b>		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q6h, Other, specify in Comment, Routine, Comment: PRN temp > 38 degC
<b>Laboratory</b>		
<input type="checkbox"/>	Blood Culture	T;N, Routine, Specimen Source: Peripheral Blood
<input type="checkbox"/>	Blood Culture	Time Study, Specimen Source: Line
<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"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Urinalysis	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	T;N, Routine, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	HIV Antibody Screen	T;N,Routine,once,Type: Blood
<b>Diagnostic Tests</b>		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Fever, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Fever, Routine, Stretcher
<input type="checkbox"/>	CT Thorax WO Cont	T;N, Reason for Exam: Fever, Routine, Stretcher
<input type="checkbox"/>	<b>CT Abdomen and Pelvis W Cont</b>	
<input type="checkbox"/>	<b>CT Abdomen and Pelvis WO Cont</b>	
<input type="checkbox"/>	CT Abdomen WO Cont	T;N, Reason for Exam: Abscess, Routine, Stretcher
<input type="checkbox"/>	CT Pelvis WO Cont	T;N, Reason for Exam: Abscess, Routine, Stretcher
<input type="checkbox"/>	<b>CT Thorax W Cont Orders</b>	
<input type="checkbox"/>	<b>CT Abdomen W Cont Orders</b>	
<input type="checkbox"/>	<b>CT Pelvis W Cont Orders</b>	
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Physician Consult	T;N, Consult: ID, Reason for Consult: fever

Date	Time	Physician's Signature	MD Number
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