



attach patient label here

Physician Orders ADULT
Order Set: ED Abdominal Pain-AAA 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: _____		
<input checked="" type="checkbox"/>	Vital Signs	T;N, Monitor and Record Pulse Monitor and Record Blood Pressure Monitor and Record Resp Rate, q30min, STAT
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
Patient Care		
<input checked="" type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Stat, q4day
<input checked="" type="checkbox"/>	IV Insert/Site Care	T;N, Stat, Preferred Gauge: 18G
<input type="checkbox"/>	IV Insert/Site Care	T;N, Stat, Preferred Gauge: 18G, second site
<input checked="" type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input checked="" type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Stat
<input checked="" type="checkbox"/>	Telemetry (Cardiac Monitoring)	T;N, Stat
<input checked="" type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Stat, once
<input checked="" type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N, STAT
<input checked="" type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, Stat
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N Stat, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	Non Rebreather Mask (Oxygen-Non Rebreather Mask)	T;N Stat, 10 L/min, Special Instructions: FiO2 100%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	DOPamine (DOPamine infusion)	400 mg / 250 mL, IV, STAT, Titrate, Comment: Start at 2.5 mcg/kg/min and titrate by 2.5 mcg/kg/min to keep SBP equal to or greater than 100mmHg
<input type="checkbox"/>	norepinephrine infusion	4 mg / 250 mL, IV, STAT, Titrate, Comment: Start at 2 mcg/min and titrate by 2mcg/min to keep SBP equal to or greater than 100mmHg
<input type="checkbox"/>	nitroglycerin (nitroglycerin 50 mg/D5W infusion)	50 mg / 250 mL, IV, STAT, Titrate, Comment: Concentration 200 mcg/ml: Start at 5 mcg/min and titrate by 5mcg/min to keep SBP between 100mmHg and 130 mmHg
<input type="checkbox"/>	esmolol	500 mcg/kg, Injection, IV Push, once, STAT, (infuse over 1 min)
<input type="checkbox"/>	esmolol (esmolol 2 g/NS infusion)	2 g / 100 mL, IV, STAT, Titrate, Comment: Start at 50 mcg/kg/min and titrate by 50 mcg/kg/min to keep SBP between 100mmHg and 130mmHg
Medications		
<input type="checkbox"/>	labetalol	10 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	labetalol	20 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	HYDROMorphone	1 mg, Injection, IV Push, once, STAT





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Laboratory		
<input checked="" type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Urinalysis	T;N, STAT, once, Type: Urine, Nurse Collect
<input checked="" type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
<input checked="" type="checkbox"/>	Type and Crossmatch PRBC	T;N, STAT, Reason: hold, 4 units, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Screen	T;N, STAT, to Hold, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, Stat
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Cardiac Panel by Triage POC	T;N, Stat
<input type="checkbox"/>	Troponin-I	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Troponin Point of Care	T;N, Stat
<input type="checkbox"/>	CK	T;N, STAT, once, Type: Blood, Nurse Collect
NOTE: if possibility of pregnancy, order one of below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N, Stat, once
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Abdominal Pain,Stat,Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Abdominal Pain,Stat,Stretcher
<input type="checkbox"/>	Abd Sing AP VW	T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher
<input type="checkbox"/>	CT Thorax W Cont	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Abdominal Pain,Stat,Stretcher
<input type="checkbox"/>	CT Abdomen and Pelvis W Cont	T;N, Reason for Exam: Abdominal Pain, Stat
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Reason: Other, specify, Pain, Transport: Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N

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