



Physician Orders
Title: ED SOB/Dyspnea Orders

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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: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Stat Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q30min
Patient Care		
<input type="checkbox"/>	Intake and Output	T;N
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, STAT, q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT, once
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
NOTE: If patient is known diabetic, place bedside glucose order below:		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
Nursing Communication		
	Nursing Communication	T;N, obtain BNP if pt has a documented history of CHF, COPD, or age 50 or older
Respiratory Care		
<input type="checkbox"/>	Non Rebreather Mask (O2-Non Rebreather)	T;N Stat, 10 L/min, Special Instructions: FiO2 = 100%
<input type="checkbox"/>	Peak Flow	T;N Stat once
<input type="checkbox"/>	ABG- RT Collect	T;N Stat once
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N STAT, 2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (bolus)	500 mL, IV, 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	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	nitroglycerin 50 mg/D5W infusion	50 mg / 250 mL, IV, STAT, See Comment, Order Comments: Initial rate: 5 mcg/min; Titration by 5 mcg/min every 3 minutes to desired effect per MD orders. Max Rate = 200 mcg/min.
<input type="checkbox"/>	DOBUtamine	500 mg / 250 mL, IV, STAT, See Comments, Order Comments: Initial Rate: 2.5 mcg/kg/min. Titrate by 2.5 mcg/kg/min as often as every 10 min to desired effect per MD orders. Max Rate = 20 mcg/kg/min.
<input type="checkbox"/>	DOPamine	400 mg / 250 mL, IV, STAT, See Comments, Order Comments: Initial Rate: 5 mcg/kg/min; Titrate by 2.5 mcg/kg/min as often as every 5 min to MAP of 65 mmHg or SBP of 90 mmHg. Max rate: 20 mcg/kg/min.
<input type="checkbox"/>	Heparin VTE Protocol Orders	Print and Complete Separate Sheet (Form # 23018)





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Medications		
<input type="checkbox"/>	albuterol	2.5 mg,Inh Soln,NEB,once,STAT,T;N
<input type="checkbox"/>	ipratropium	0.5 mg,Inh Soln,NEB,once,STAT,T;N
<input type="checkbox"/>	levalbuterol	1.25 mg, Inh Soln, NEB, once, STAT, Substitution Permitted, If Possible
<input type="checkbox"/>	furosemide	40 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	bumetanide	1 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	enoxaparin	1 mg/kg,Injection,Subcutaneous,once,STAT,T;N
<input type="checkbox"/>	aspirin	324mg, Chew tab, PO, once, STAT, (4 x 81 mg tabs)
<input type="checkbox"/>	aspirin	300 mg, Supp, PR, once, STAT Comment: If PO not tolerated
<input type="checkbox"/>	nitroglycerin	0.4 mg,Tab,SL,q5min,PRN Chest Pain,STAT,T;N,(for 3 dose)
<input type="checkbox"/>	nitroglycerin (nitroglycerin 2% topical ointment)	1 inch,Ointment,TOP,once,STAT,T;N
<input type="checkbox"/>	morPHINE	2 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	ketorolac	30 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, once, STAT
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg-5 mg oral tablet	1 tab, Tab, PO, once, STAT
<input type="checkbox"/>	dexamethasone	10 mg,Tab,PO,once,STAT,T;N
<input type="checkbox"/>	dexamethasone	10 mg,Injection,IM,once,STAT,T;N
<input type="checkbox"/>	predniSONE	40 mg,Tab,PO,once,STAT,T;N
<input type="checkbox"/>	methylPREDNISolone	125 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	guaiFENesin	10 mL,Liq,PO,once,STAT,T;N
Laboratory		
<input type="checkbox"/>	D-Dimer Quantitative	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CK	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Troponin-I	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, STAT
<input type="checkbox"/>	Digoxin Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
<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"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain	T;N, STAT, Specimen Source: Sputum, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type:Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	N-terminal pro-Brain Natriuretic Peptide (BNP Pro)	T;N, STAT, 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



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Diagnostic Tests	
<input type="checkbox"/>	Chest 1VW Frontal T;N, Reason for Exam: Dyspnea, STAT, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat T;N, STAT, Stretcher
<input type="checkbox"/>	CT Thorax W Cont T;N, STAT, Stretcher
<input type="checkbox"/>	NM Pulm Perf Image Particulate T;N, Reason for Exam: Diagnosis of Pulmonary Emboli, STAT, Stretcher Vent&Re
<input type="checkbox"/>	US Ext Lower Ven Doppler W T;N, STAT, Stretcher Compress LT
<input type="checkbox"/>	US Ext Lower Ven Doppler W T;N, STAT, Stretcher Compress RT
<input type="checkbox"/>	US Ext Lower Ven Doppler W T;N, STAT, Stretcher Compress Bil
NOTE: If previous history of heart disease, place EKG order below:	
<input type="checkbox"/>	Electrocardiogram (EKG) Start at: T;N, Priority: STAT, Reason Shortness of Breath, Transport: _____
Consults/Notifications	
<input type="checkbox"/>	Physician Consult T;N, Consult: Cardiology
<input type="checkbox"/>	Physician Consult T;N, Consult: Pulmonary

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