



**Physician Orders ADULT**  
**Order Set: Abdominal Pain 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>Admission/Transfer/Discharge</b>		
<input type="checkbox"/> Admit Patient to Dr. _____		
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
<b>NOTE to MD: Inpatient</b> - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care		
<b>Outpatient</b> - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area		
<b>Observation</b> - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/> Notify physician once _____ T;N, of room number on arrival to unit		
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q8h(std)
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, Strict
<input type="checkbox"/>	Bedrest w/BRP	T;N, Routine
<input type="checkbox"/>	Ambulate	T;N, bid, Routine, in hall
<input type="checkbox"/>	Out Of Bed	T;N, Up As Tolerated, bid, as tolerated
<b>Food/Nutrition</b>		
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	IV Insert/Site Care	T;N, Routine, q4day
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Routine, q4day
<b>Respiratory Care</b>		
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL,IV,Routine,T;N,100 mL/hr
<b>Medications</b>		
<input type="checkbox"/>	morPHINE	2 mg,Injection,IV Push,q4h,PRN Pain, Severe (8-10),Routine,T;N
<input type="checkbox"/>	HYDROmorphone	1 mg,Injection,IV Push,q4h,PRN Pain, Severe (8-10),Routine,T;N
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, q6h, T;N, PRN Nausea, Routine





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Medications continued		
<input type="checkbox"/>	ondansetron	4 mg,Injection,IV Push,q6h,PRN Nausea,Routine,T;N
<input type="checkbox"/>	famotidine	20 mg,Tab,PO,q12h,PRN Indigestion,Routine,T;N
<input type="checkbox"/>	famotidine	20 mg,Injection,IV Push,q12h,PRN Indigestion,Routine,T;N
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg- 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine 5 mg oral tablet	
<input type="checkbox"/>	esomeprazole	40 mg,Injection,IV Push,QDay,Routine,T;N
Laboratory		
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,STAT,once,Type: Blood
<input type="checkbox"/>	CBC	T;N,STAT,once,Type: Blood
<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"/>	Magnesium Level	T;N,STAT,once,Type: Blood
<input type="checkbox"/>	Magnesium Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Phosphorus Level	T;N, STAT, once, Type: Blood
<input type="checkbox"/>	Phosphorus Level	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Urinalysis (UA)	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	T;N, Routine, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Hepatic Panel	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Amylase Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Lipase Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Occult Blood, Stool	Time Study, T;N, QDay x 3 occurrence, Type: Stool, Nurse Collect
Occult Blood-Stool x 3 Specimens Orders (see below)		
<input type="checkbox"/>	Occult Blood-Stool	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Occult Blood-Stool	Routine, T;N+30, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Occult Blood-Stool	Routine, T;N+60, once, Type: Stool, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CT Abdomen W/WO Cont	T;N, Reason for Exam: Abdominal Pain, Routine, Stretcher
<input type="checkbox"/>	CT Pelvis W/WO Cont	T;N, Reason for Exam: Abdominal Pain, Routine, Stretcher
<input type="checkbox"/>	US Abd Comp	T;N, Reason for Exam: Abdominal Pain, Routine, Stretcher
<input type="checkbox"/>	US Non OB Transvaginal (Transvaginal US)	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Abdominal Pain,Routine,Stretcher
<input type="checkbox"/>	NM Hepatobiliary Duct Sys Imag W GB	T;N
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW (Abd Flat and Upright/Decubitus)	T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Abdominal pain,Routine,Stretcher

attach patient label here



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Consults/Notifications	
<input type="checkbox"/>	Physician Consult T;N

Date

Time

Physician's Signature

MD Number

22210 -CROSS ABDOMINAL PAIN - QM-  
1008-Ver4 062111