



# Physician Orders

## Care Set: ED Abdominal Pain Female Orders

ADULT

[R] = will be ordered unless marked out.

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

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

**Allergies:** \_\_\_\_\_ [ ] No known allergies

[ ] Medication allergy(s): \_\_\_\_\_

[ ] Latex allergy [ ] Other: \_\_\_\_\_

### Triage Standing Orders

[ ] Intermittent Needle Therapy Insert/Site T;N,q4day  
(INT Insert/Site Care)

**NOTE: If patient is known diabetic, place Bedside Glucose order below:**

[ ] Whole Blood Glucose Nsg (Bedside T;N, Stat, once, PRN  
Glucose Nsg)

[ ] CBC T;N, STAT, once, Type: Blood, Nurse Collect

[ ] Comprehensive Metabolic Panel T;N,STAT,once,Type: Blood, Nurse Collect  
(CMP)

[ ] Lipase Level T;N,STAT,once,Type: Blood,Nurse Collect

[ ] Lactic Acid Level T;N, STAT, once, Type: Blood, Nurse Collect

**NOTE: If possibility of pregnancy order below:**

[ ] Pregnancy Screen Serum T;N,STAT,once,Type: Blood, Nurse Collect

**NOTE: If patient is greater than 25 years of age order Troponin and EKG below:**

[ ] ED Troponin-I T;N, STAT

[ ] Troponin-I T;N, STAT

[ ] EKG T;N, STAT, Reason for Exam: Chest Pain

**NOTE: If positive pregnancy test, order US Pelvic Non OB Comp. If current pregnancy known, do not order US.**

[ ] US Pelvic Non OB Comp T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher

### Food/Nutrition

[ ] NPO Start at: T;N

### Patient Care

[ ] O2 Sat Spot Check-NSG T;N, Stat

[ ] O2 Sat Monitoring NSG T;N, Stat

[ ] Telemetry (Cardiac Monitoring) T;N, Stat

### Respiratory Care

[ ] Nasal Cannula (O2-BNC) T;N, 2 L/min, Special Instructions: titrate to keep O2 sat  $\geq$  92%

### Continuous Infusions

[ ] Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus) 1,000 mL, IV Piggyback, q1h, STAT, (1 dose), 1,000mL/hr

[ ] Sodium Chloride 0.9% 1,000 mL, IV, STAT, 75 mL/hr

[ ] Sodium Chloride 0.45% 1,000 mL, IV, STAT, 75 mL/hr

[ ] Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W) 1,000 mL, IV, STAT, 75 mL/hr





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| Medications              |  |   |
|--------------------------|--|---|
|                          | <b>NOTE: Option 1 (Mild to Moderate)</b>   |   |
| <input type="checkbox"/> | Ertapenem  | 1, 000 mg, IV Piggyback, IV Piggyback, once, STAT                           |
|                          | <b>OR</b>  |   |
| <input type="checkbox"/> | cefTRIAxone  | 1 g, IV Piggyback, IV Piggyback, once, STAT                                 |
|                          | <b>AND</b>   |   |
| <input type="checkbox"/> | metroNIDAZOLE  | 500 mg , IV Piggyback, IV Piggyback, once, STAT                             |
|                          | <b>NOTE: Option 2 (Severe)</b>   |   |
| <input type="checkbox"/> | piperacillin-tazobactam  | 3.375 g, IV Piggyback, IV Piggyback, once, STAT                             |
|                          | <b>NOTE: If documented beta lactam allergy then give Ciprofloxacin and metroNIDAZOLE</b> |   |
| <input type="checkbox"/> | Ciprofloxacin  | 400mg, IV Piggyback, IV Piggyback, once, STAT                               |
|                          | <b>AND</b>   |   |
| <input type="checkbox"/> | metroNIDAZOLE  | 500 mg, IV Piggyback, IV Piggyback, once, STAT                              |
| <input type="checkbox"/> | HYDROmorphone  | 1 mg,Injection,IV Push,once,STAT,T;N  |
| <input type="checkbox"/> | morphine   | 2 mg,Injection,IV Push,once,STAT,T;N  |
| <input type="checkbox"/> | ketorolac  | 15 mg, Injection, IV Push, once, STAT                                       |
| <input type="checkbox"/> | ketorolac  | 30 mg, Injection, IV Push, once, STAT                                       |
| <input type="checkbox"/> | prochlorperazine   | 5 mg,Injection,IV Push,once,STAT,T;N  |
| <input type="checkbox"/> | metoclopramide   | 10 mg,Injection,IV Push,once,STAT,T;N                                       |
| <input type="checkbox"/> | ondansetron  | 4 mg,Injection,IV Push,once,STAT,T;N  |
| Laboratory               |  |   |
| <input type="checkbox"/> | Chem 8 Profile POC   | 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 Screen  | T;N, STAT, to Hold, Type: Blood, Nurse Collect                              |
| <input type="checkbox"/> | Transfuse PRBC's-ED or OP  | STAT, T;N   |
| <input type="checkbox"/> | Hold PRBC  | STAT, T;N   |
| <input type="checkbox"/> | Blood Culture  | Time Study, q5min x 2 occurrence, Nurse Collect                             |
| <input type="checkbox"/> | Urine Culture  | T;N, STAT, Specimen Source: Urine, Nurse Collect                            |
| <input type="checkbox"/> | Chlamydia Culture  | T;N, STAT,once, Specimen Source: Secretion Body Site: Cervix, Nurse Collect |
| <input type="checkbox"/> | Chlamydia Trachomatis/Neisseria gonorrhoeae by PCR                                       | T;N, STAT,once, Nurse Collect   |
| <input type="checkbox"/> | GC Culture   | T;N, STAT,once, Specimen Source: Discharge Cervix, Nurse Collect            |
| <input type="checkbox"/> | Occult Blood, Stool  | T;N,Routine,once,Type: Stool,Nurse Collect                                  |
| <input type="checkbox"/> | HCG Quantitative   | STAT, T;N, once, Type: Blood, Nurse Collect                                 |



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| Diagnostic Tests         |  |
|--------------------------|--|
| <input type="checkbox"/> | Abd Sing AP VW<br>T;N, Reason for Exam: Abdominal Pain, Other reason: Abdominal Pain, Stat, Stretcher                |
| <input type="checkbox"/> | Abd Comp W Decubitus/Erect VW<br>T;N, Reason for Exam: Abdominal Pain, Other reason: Abdominal Pain, Stat, Stretcher |
| <input type="checkbox"/> | Chest 1VW Frontal<br>T;N, Stat, Portable   |
| <input type="checkbox"/> | Chest 2VW Frontal & Lat<br>T;N, Stat, Stretcher  |
| <input type="checkbox"/> | <b>CT Abdomen and Pelvis W Cont Orders</b>   |
| <input type="checkbox"/> | <b>CT Abdomen and Pelvis WO Cont Orders</b>  |
| <input type="checkbox"/> | US Abd Comp<br>T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher   |
| <input type="checkbox"/> | US Abd Ltd Sing Organ/FU<br>T;N, Reason for Exam: Abdominal Pain, Stat, Stretcher                                    |
| <input type="checkbox"/> | US Non OB Transvaginal<br>T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher                            |
| <input type="checkbox"/> | Electrocardiogram (EKG)<br>Start at: T;N, Priority: Stat, Reason: Other, specify, Abdominal Pain                     |
| Consults/Notifications   |  |
| <input type="checkbox"/> | Physician Consult (Consult MD)<br>T;N, Reason for Consult: general surgery   |
| <input type="checkbox"/> | Physician Consult (Consult MD)<br>T;N, Reason for Consult: GYN   |

Date

Time

Physician's Signature

MD Number