



Physician Orders ADULT

Order Set: ED Chest Tube Thoracostomy 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: _____		
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Chest Tube Insertion
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	Telemetry (Cardiac Monitoring)	T;N, Stat, once
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Stat, q4day
<input type="checkbox"/>	Suction Set Up	T;N, Stat, once
<input type="checkbox"/>	Nursing Communication	T;N, ED Thoracostomy Tray to Bedside.
<input type="checkbox"/>	Nursing Communication	T;N, Pleuravac Set Up to Bedside in ED
Respiratory Care		
<input type="checkbox"/>	Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))	T;N Stat q4h(std)
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N Stat once, 2 L/min, Special Instructions: Titrate to keep O2 sat= \geq 92%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	500 mL, IV, STAT, (1 dose), 1,000 mL/hr, Comment: Bolus
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, STAT, T;N, 75 mL/hr
Medications		
ED Sedation Procedure Orders (see order set below)		
<input type="checkbox"/>	HYDROMORPHONE	1 mg, Injection, IV Push, once Other, specify in Comment, STAT, T;N, for chest tube insertion in ED
<input type="checkbox"/>	MORPHINE	2 mg, Injection, IV Push, once Other, specify in Comment, STAT, T;N, for chest tube insertion in ED
<input type="checkbox"/>	PROCHLORPERAZINE	5 mg, Injection, IV Push, once, STAT, T;N, Comment: for chest insertion in ED
<input type="checkbox"/>	METOCLOPRAMIDE	10 mg, Injection, IV Push, once, Other, specify in Comment, STAT, for chest tube insertion in ED
<input type="checkbox"/>	ONDANSETRON	4 mg, Injection, IV Push, once, STAT, T;N, Comment: for chest tube insertion in ED
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Chest Tube Placement/Removal, Stat, Portable
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N

Date

Time

Physician's Signature

MD Number





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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: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/> Admit Patient to Dr. _____		
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.		
Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.		
23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.		
Bed Type: <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: _____		
Vital Signs		
Activity		
Food/Nutrition		
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Conscious Sedation ED
<input type="checkbox"/>	Consent Signed For	T;N
<input type="checkbox"/>	Nursing Communication	T;N, I and D Tray Setup to bedside in ED
<input type="checkbox"/>	Nursing Communication	T;N, Lumbar Puncture Setup to bedside in ED
<input type="checkbox"/>	Nursing Communication	T;N, Splinting Equipment to bedside in ED
<input type="checkbox"/>	Nursing Communication	T;N, Suction Setup to bedside in ED
<input type="checkbox"/>	Nursing Communication	T;N, Suture Tray Setup to bedside in ED
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Stat
<input type="checkbox"/>	Telemetry (Cardiac Monitoring)	T;N, Stat
NOTE: If patient is known diabetic, place bedside glucose order below:		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside T;N, Stat, once Glucose Nsg)	
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 92%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	500 mL, IV, STAT, (1 dose), 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, STAT, T;N, 75 mL/hr
Medications		
<input type="checkbox"/>	fentanyl	50 mcg, Injection, IV Push, q5min, PRN Sedation, STAT, T;N, (4 occurrence)
<input type="checkbox"/>	midazolam	2 mg, Injection, IV Push, once, STAT, T;N, (4 dose)
<input type="checkbox"/>	ketamine	1 mg/kg, Injection, IV Push, once, STAT





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Medications continued		
<input type="checkbox"/>	etomidate	5 mg, Injection, IV Push, q5min, PRN Sedation, STAT, T; N, (4 dose)
<input type="checkbox"/>	naloxone	0.4 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	flumazenil	0.5 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	morPHINE	4 mg, Injection, IV Push, q5min, PRN Sedation, STAT, T; N, (4 dose)
Laboratory		
Diagnostic Tests		
Consults/Notifications		

Date	Time	Physician's Signature	MD Number
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