



## Physician Orders ADULT

## Order Set: ED SOB with Hx of Asthma/COPD Orders

[R] = will be ordered

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

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

Allergies:  No known allergies Medication allergy(s): \_\_\_\_\_ Latex allergy  Other: \_\_\_\_\_**Vital Signs** Vital Signs T;N, Monitor and Record T,P,R,BP, q30min**Patient Care** Intermittent Needle Therapy T;N,Stat,q4day  
Insert/Site (INT Insert/Site Care) O2 Sat Monitoring NSG T;N, Stat Telemetry (ED Only) (Cardiac  
Monitoring (ED Only)) Whole Blood Glucose Nsg (Bedside T;N, Stat, once  
Glucose Nsg)**Respiratory Care** Nasal Cannula (O2-BNC) T;N Stat, 2 L/min, Special Instructions: titrate to keep O2 sat  $\geq$ 92% ISTAT Blood Gases (RT Collect) T;N Stat once  
(ABG- RT Collect) ISTAT Blood Gases (RT Collect) T;N, Stat once, Preferred Specimen Type: Venous Peak Flow T;N Stat once**Continuous Infusions** Sodium Chloride 0.9% 500 mL, IV, STAT, ( 1 dose ), 1,000 mL/hr Sodium Chloride 0.9% 1,000 mL,IV,STAT,T;N,75 mL/hr Sodium Chloride 0.45% 1,000 mL,IV,STAT,T;N,75 mL/hr Dextrose 5% with 0.45% NaCl 1,000 mL,IV,STAT,T;N,75 mL/hr  
(Sodium chloride 0.45% with D5W)**Medications** albuterol 10 mg, Inh Soln, NEB, once, STAT, Continuously over 1 hour for wheezing albuterol 2.5 mg,Inh Soln,NEB,once,STAT,T;N albuterol 2.5 mg,Inh Soln,NEB,q5min,PRN Shortness of Breath,STAT,T;N ipratropium 0.5 mg,Inh Soln,NEB,once,STAT,T;N albuterol-ipratropium 3 mL, Inh Soln, NEB, q4h, Routine,T;N dexamethasone 10 mg,Injection, IV Push,once,STAT,T;N methylPREDNISolone 125 mg,Injection,IV Push,once,STAT,T;N  
(methylPREDNISolone sodium succinate) predniSONE 60 mg,Tab,PO,once,STAT,T;N furosemide 40 mg,Injection,IV Push,once,STAT,T;N magnesium sulfate 2 g,Injection,IV Piggyback,once,STAT,T;N,( infuse over 30 min) cefTRIAxone 1 g,IV Piggyback,IV Piggyback,once,STAT,T;N,( 1 dose ) azithromycin 500 mg,Tab,PO,once,STAT,T;N azithromycin 500 mg,Injection,IV Piggyback,once,STAT,T;N



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Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC (UNIV only)	T;N, Stat
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	BNP Pro	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CK Isoenzymes	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Myoglobin	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Troponin-I	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	D-Dimer Quantitative	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	Time Study, q5min x2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	Time Study, Specimen Source: Peripheral Blood, Nurse Collect
<b>If possibility of pregnancy, place order below:</b>		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Stat, Stretcher
<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"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	Stat
<input type="checkbox"/>	Physician Group Consult	Routine, Group: Mid-South Pulmonary Specialist, Reason for Consult: _____
<input type="checkbox"/>	Physician Group Consult	Routine, Group: UTMP Pulmonology - AMB , Reason for Consult: _____

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