



Physician Orders ADULT
 Title: ED Headache Orders

attach patient label here

[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: _____		
Triage Standing Orders		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site Care (INT Insert/Site Care)	T;N,STAT,q4day
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	Seizure Precautions	T;N, STAT
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
Patient Care		
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring) (ED Only)	T;N, STAT
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input type="checkbox"/>	ED Lumbar Puncture Procedure Orders	Print and Complete Separate Sheet (Form # 20521)
Respiratory Care		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (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 =/ >92 %
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, 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, 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
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL, IV, STAT, T;N,75 mL/hr





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Medications		
<input type="checkbox"/>	dexamethasone	10 mg, Injection, IV Piggyback, once, STAT, T;N
<input type="checkbox"/>	LORazepam	1 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	ibuprofen	800 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	SUMATriptan	6 mg, Injection, Subcutaneous, once, STAT, T;N
<input type="checkbox"/>	dihydroergotamine	1 mg, Injection, IM, once, STAT
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	acetaminophen-oxycodone (acetaminophen-OXYcodone 325 mg-5 mg oral tablet)	1 tab, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	ketorolac	30 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	traMADOL	50 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	acetaminophen-HYDROcodone (acetaminophen-HYDROcodone 325 mg-5 mg oral tablet)	1 tab, Tab, PO, once, STAT
<input type="checkbox"/>	prochlorperazine	10 mg, Injection, IV Piggyback, once, STAT, T;N
<input type="checkbox"/>	metoclopramide	10 mg, Injection, IV Push, once, STAT, T;N, Comment: Give slowly
<input type="checkbox"/>	hydrOXYzine (hydrOXYzine pamoate)	25 mg, Injection, IM, once, STAT
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	ampicillin	2 g, Injection, IV Piggyback, once, STAT, T;N, (for 1 dose)
<input type="checkbox"/>	gentamicin	100 mg, IV Piggyback, IV Piggyback, once, STAT, T;N
<input type="checkbox"/>	cefTRIAxone	2 g, IV Piggyback, IV Piggyback, once, STAT, T;N, (for 1 dose)
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, once, STAT, Comment: If Patient's weight is less than or equal to 60 kg
<input type="checkbox"/>	vancomycin	1.5 g, Injection, IV Piggyback, once, STAT, Comment: If patient's weight is greater than 60 kg and less than 100 kg
<input type="checkbox"/>	vancomycin	2 g, Injection, IV Piggyback, once, STAT, Comment: If patient's weight is equal to or greater than 100 kg
<input type="checkbox"/>	acyclovir	10 mg/kg, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	dexamethasone	0.15 mg/kg, Injection, IV, once, STAT
Laboratory		
<input type="checkbox"/>	Chem 8 Profile POC	T;N, Stat
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lactic Acid Level (Lactate Level)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	Time Study, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect

ED Headache Orders 20539-QM0808-(QF0412)-
 Rev.022316

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Laboratory continued		
<input type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Headache, STAT, Stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Headache, STAT, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Headache, STAT, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, Consult: Neurology
<input type="checkbox"/>	Physician Consult	T;N, Consult: Neuro surgeon

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