Physician Orders ADULT: Headache Observation Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T;N, Phase: Headache Observation Phase, When to Initiate:_______________

Headache Observation Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient
  T;N, Attending Physician:__________________________________________________
  Reason for Visit:____________________________________________________________
  Bed Type: ___________________ Specific Unit: ____________________
  Outpatient Status/Service OP-OBSERVATION Services

Vital Signs
☐ Vital Signs w/Neuro Checks
  T;N, Routine / T,P,R,BP, q4h(std)

Activity
☐ Bedrest
  T;N, Routine
☐ Bedrest w/BRP
  T;N

Food/Nutrition
☐ NPO
  Start at: T;N
☐ Clear Liquid Diet
  Start at: T;N, Adult (>18 years)
☐ Regular Adult Diet
  Start at: T;N
☐ Consistent Carbohydrate Diet
  Start at: T;N, 1800 Calorie
☐ Sodium Control Diet
  Start at: T;N, Level: 2 gm, Adult (>18 years)

Patient Care
☐ Intermittent Needle Therapy Insert/Site Care
  T;N, Stat, q4day
☐ Instruct/Educate
  T;N, Instruct: patient and family, Method: Provide Pamphlet, Topic: Observation Services
☐ O2 Sat Monitoring NSG
  T;N
☐ Telemetry
  T;N, Stat

Respiratory Care
Physician Orders ADULT: Headache Observation Plan

☐ Nasal Cannula
  T;N Routine, 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%

Continuous Infusion
☐ 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
  1,000 mL, IV, STAT, 75 mL/hr

Medications
☐ Sodium Chloride 0.9% Bolus
  DO NOT Order PO medications unless patient has successfully passed swallow screen.(NOTE)*
  +1 Hours aspirin
    325 mg, DR Tablet, PO, QDay, Routine
    Comments: DO NOT Administer if given in ED
  +1 Hours acetaminophen
    650 mg, Tab, PO, q6h, Pain, Mild (1-3), Routine
  +1 Hours acetaminophen
    650 mg, Supp, PR, q4h, PRN Pain or Fever
    Comments: Max dose 4g/day
  +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
    1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine
  +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
    1 tab, Tab, PO, q6h, PRN Pain, Severe (8-10), Routine
  +1 Hours promethazine
    12.5 mg, Tab, PO, q4h, PRN Nausea, Routine
  +1 Hours ondansetron
    4 mg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine
  +1 Hours metoclopramide
    5 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine (DEF)*
    5 mg, Tab, PO, q6h, PRN Nausea/Vomiting
    10 mg, Tab, PO, q6h, PRN Nausea/Vomiting
    10 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting

Laboratory
☑ CBC
  STAT, T;N, once, Type: Blood, Nurse Collect
☑ CMP
  STAT, T;N, once, Type: Blood, Nurse Collect
☐ ESR
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STAT, T;N, once, Type: Blood, Nurse Collect

☐ ESR, (Erythrocyte Sedimentation Rate)

STAT, T;N, once, Type: Blood, Nurse Collect

Diagnostic Tests: Include Reason for Exam

☐ CT Head/Brain W/O Cont

T;N, Reason for Exam: Headache, Stat, Stretcher

Consults/Notifications/Referrals

☑ Notify Physician-Once

T;N, of room number on arrival to unit

☐ Physician Consult

T;N

☐ Physician Consult

T;N

☐ Case Management Consult

T;N, Reason: Discharge Planning

Date__________________  Time__________________  Physician’s Signature__________________  MD Number__________________

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order