

attach patient label here



Physician Orders ADULT
Title: ED Fever 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: _____

Triage Standing Orders

<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	STAT,q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	O2 Sat Monitoring NSG	STAT
<input type="checkbox"/>	Cardiac Monitoring - ED only	STAT
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	STAT, once
<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"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect

NOTE: If possibility of pregnancy order below:

<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, Reason for Exam: Fever, STAT, Stretcher

Respiratory Care

<input type="checkbox"/>	Nasal Cannula (O2-BNC)	2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	STAT,once

Continuous Infusions

<input type="checkbox"/>	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,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	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





Physician Orders ADULT
Title: ED Fever Orders

[R] = will be ordered

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

Medications	
<input type="checkbox"/>	acetaminophen 650 mg, Tab, PO, q6h, PRN Fever, STAT
<input type="checkbox"/>	ibuprofen 400 mg, Tab, PO, q6h, PRN Fever, STAT
<input type="checkbox"/>	amoxicillin-clavulanate (amoxicillin-clavulanate 875 mg-125 mg oral tablet) 875 mg, Tab, PO, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	azithromycin 500 mg, Tab, PO, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	azithromycin 500 mg, Injection, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS) 160 mg, DS Tab, PO, once, STAT, T;N, 160mg=1 DS tab, Reason for Antibiotic: _____
<input type="checkbox"/>	cefepime 1 g, Injection, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	cefTRIAxone 1 g, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	ciprofloxacin 400 mg, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	clindamycin 300 mg, Cap, PO, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	clindamycin 900 mg, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	doxycycline 100 mg, Injection, IV Piggyback, once, STAT, T;N, Reason for Antibiotic: _____
<input type="checkbox"/>	doxycycline 100 mg, Cap, PO, once, STAT, T;N, Reason for Antibiotic: _____
<input type="checkbox"/>	metroNIDAZOLE 500 mg, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____
<input type="checkbox"/>	metroNIDAZOLE 500 mg, Tab, PO, once, STAT, T;N, Reason for Antibiotic: _____
<input type="checkbox"/>	piperacillin-tazobactam 4.5 g, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____



Physician Orders ADULT
Title: ED Fever Orders

[R] = will be ordered

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

Medications continued		
NOTE: If patient weighs less than or equal to 60 kg, place order below:		
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____
NOTE: If patient weighs greater than 60 kg or less than 100 kg, place order below:		
<input type="checkbox"/>	vancomycin	1.5, Injection, IV Piggyback, once, STAT, Reason for
NOTE: If patient weighs equal to or greater than 100 kg, place order below:		
<input type="checkbox"/>	vancomycin	2 g, Injection, IV Piggyback, once, STAT, Reason for
Laboratory		
<input type="checkbox"/>	Lactic Acid Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	T;N, Time Study, q5min, X 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Cortisol Level	T;N, once, STAT, Type: Blood, Nurse Collect
<input type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain	T;N, STAT, Specimen Source: Sputum, Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain (Sputum Culture and Gram Stain)	Routine, T;N, Specimen Source: Sputum, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT, Reason: Other, specify, Fever
<input type="checkbox"/>	CXR Portable	T;N, Reason for Exam: Fever, STAT, Portable
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Priority: STAT, Reason for Exam: Other, Enter in Comments, Other reason: Fever, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	Reason for Consult: fever

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