**Physician Orders ADULT**

**Order Set: Nausea/Vomiting 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:

**Admission/Transfer/Discharge**

[ ] Admit Patient to Dr. ________________

**Admit Status:**  
[ ] Inpatient  
[ ] Outpatient  
[ ] Observation

**NOTE to MD:** Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care  
Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area  
Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up

**Bed Type:**  
[ ] Med/Surg  
[ ] Critical Care  
[ ] Stepdown  
[ ] Telemetry  
[ ] Specific Unit Location: ________________

[ ] Notify physician once T;N, of room number on arrival to unit

**Primary Diagnosis:** _____________________________________________________

**Secondary Diagnosis:** __________________________________________________

**Vital Signs**

**Activity**

[ ] Out Of Bed (Activity As Tolerated) T;N

**Food/Nutrition**

[ ] NPO  
Start at: T;N

[ ] NPO  
Start at: T;N, Instructions: NPO except for ice chips  
Instructions: NPO except for sips of water

[ ] Clear Liquid Diet  
Start at: T;N

**Patient Care**

[ ] Nasogastric Tube Insert (NGT Insert)  
T;N, to low wall suction

**Respiratory Care**

**Continuous Infusions**

[ ] Sodium Chloride 0.9%  
1,000 mL, IV, Routine, 100 mL/hr

[ ] Dextrose 5% with 0.45% NaCl  
1,000 mL, IV, Routine, T;N, 100 mL/hr

[ ] Potassium Chloride (D5/2 NS KCl 20 mEq)  
1,000 mL, IV, Routine, 100 mL/hr

[ ] Lactated Ringers  
1,000 mL, IV, Routine, T;N, 100 mL/hr

**Medications**

[ ] Metoclopramide  
10 mg, Injection, IV Push, q6h, Routine

[ ] Promethazine  
25 mg, Tab, PO, q6h, PRN Nausea/Vomiting, Routine

[ ] Ondansetron  
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
### Laboratory

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>T;N, once, Type: Blood</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>T;N, once, Type: Blood</td>
</tr>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Magnesium Level</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Phosphorus Level</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
</tbody>
</table>

### Diagnostic Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abd Comp W Decubitus/Erect VW</td>
<td>Nausea and Vomiting, Routine, Stretcher</td>
</tr>
</tbody>
</table>

### Consults/Notifications

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Physician-Once</td>
<td>T;N</td>
</tr>
</tbody>
</table>

**Consults/Notifications**

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