

attach patient label here



## Physician Orders ADULT Order Set: Nausea/Vomiting Orders

[R] = will be ordered

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

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/> Admit Patient to Dr. _____		
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
<b>NOTE to MD: Inpatient</b> - 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		
<b>Outpatient</b> - 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		
<b>Observation</b> - 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		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/> Notify physician once		T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<b>Activity</b>		
<input type="checkbox"/> Out Of Bed (Activity As Tolerated)		T;N
<b>Food/Nutrition</b>		
<input type="checkbox"/> NPO		Start at: T;N
<input type="checkbox"/> NPO		Start at: T;N, Instructions: NPO except for ice chips Instructions: NPO except for sips of water
<input type="checkbox"/> Clear Liquid Diet		Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/> Nasogastric Tube Insert (NGT Insert)		T;N, to low wall suction
<b>Respiratory Care</b>		
<b>Continuous Infusions</b>		
<input type="checkbox"/> Sodium Chloride 0.9%		1,000 mL, IV, Routine, 100 mL/hr
<input type="checkbox"/> Dextrose 5% with 0.45% NaCl		1,000 mL, IV, Routine, T;N, 100 mL/hr
<input type="checkbox"/> potassium chloride (D51/2 NS KCl 20 mEq)		1,000 mL, IV, Routine, 100 mL/hr
<input type="checkbox"/> Lactated Ringers		1,000 mL, IV, Routine, T;N, 100 mL/hr
<b>Medications</b>		
<input type="checkbox"/> metoclopramide		10 mg, Injection, IV Push, q6h, Routine
<input type="checkbox"/> prochlorperazine		5 mg, Injection, IV Push, q6h, PRN Nausea, Routine
<input type="checkbox"/> prochlorperazine		5 mg, Injection, IM, q6h, PRN Nausea, Routine, Comment: Give if no IV access
<input type="checkbox"/> promethazine		25 mg, Tab, PO, q6h, PRN Nausea/Vomiting, Routine
<input type="checkbox"/> ondansetron		4 mg, Injection, IV Push, q6h, PRN Nausea, Routine



attach patient label here



**Physician Orders ADULT**  
**Order Set: Nausea/Vomiting Orders**

[R] = will be ordered

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

Laboratory		
<input type="checkbox"/>	CBC	T;N,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Magnesium Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Phosphorus Level	T;N,Routine,once,Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, Reason for Exam: Nausea and Vomiting, Routine, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N

Date

Time

Physician's Signature

MD Number