



EDREC

EMERGENCY DEPARTMENT

PHYSICIAN ORDER SHEET

All **applicable** orders have been checked.
ORDERS **NOT CHECKED** ARE NOT TO BE FOLLOWED

Orders are modified according to the medical condition of the patient. All orders are to be dated, timed and signed by a physician. Additional orders may be entered at the end of the order set. If the orders are transcribed in sessions, the transcriber must date, time, and initial in the section marked order noted.

Please Stamp Here

ALLERGIES: None Known
 Yes, Drug/Reaction:

ORDER #	✓	Exercise Associated Heat Related Illness CPQE Orders	ORDER NOTED (DATE/TIME) (INITIAL)
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			(DATE/TIME)	(INITIAL)
1.	<input type="checkbox"/>	VS every 2h x 3 then every 4h. Call RDTC MD or PA if: SBP >180 or < 90 DBP > 110 or < 50 HR > 110 or < 50 RR > 25 or < 10		
2.	<input type="checkbox"/>	Oral temperature monitoring every 2h x 3 then every 4 with vital signs. If oral temperature > 99° F, altered mental status or change in vital signs, obtain rectal temperature and notify MD or APP		
3.	<input type="checkbox"/>	Nursing: Call MD / PA for recurrent vomiting, uncontrolled pain or fever, prn Pulse Oximetry x1 on RDTC Admission if not previously obtained and evaluate for discharge criteria every 4 hours		
4.	<input type="checkbox"/>	Cardiac monitoring for HR > 100		
5.	<input type="checkbox"/>	IVF HYDRATION: <input type="checkbox"/> 1L NS/LR/Normosol bolus on admission (presuming 2L given while in ED) For pts with elevated Cr, elevated total CK, LFT elevation or other clinical characteristics consistent with moderate dehydration/mild rhabdomyolysis on admission: <input type="checkbox"/> NS/LR/Normosol @ 400 ml/hr x 4 h (repeat laboratory evaluation) Followed by: <input type="checkbox"/> NS/LR/Normosol @ 125 ml/hr x 4 h if repeat laboratory shows improved/clearing Cr/total CK For pts with no significant laboratory abnormalities, maintain maintenance IVF with NS @ 125 ml/hr until repeat labs in 4h		
6.	<input type="checkbox"/>	PAIN/NAUSEA: Choose one <input type="checkbox"/> Acetaminophen 650mg po/pr q4 hrs PRN mild pain <input type="checkbox"/> Morphine Sulfate 2-5 mg IV q2hr PRN moderate-severe pain, hold for sedation <input type="checkbox"/> Oxycodone/ASAP 5/325mg 1-2 tabs PO q4 hr PRN moderate-severe pain: preferred if tolerating PO fluids, hold for sedation (avoid ibuprofen/toradol and other nephrotoxic agents)		
7.	<input type="checkbox"/>	Zofran 4 -8 mg IV/PO q4h prn for nausea		
8.	<input type="checkbox"/>	DIET: Advance as tolerated		

White -- Chart

Yellow -- Pharmacy

Pink -- Floor Copy

MD Signature: _____ **Date:** _____ **Time:** _____



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CPQE Orders



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LABARATORY EVALUATIONS:

9.	<input type="checkbox"/>	<input type="checkbox"/> Obtain BMP, LFTs, PT/INR ,Total CK, Phosphate, Magnesium, Urinalysis 4h from last previous set of labs		
10.	<input type="checkbox"/>	<input type="checkbox"/> Urine pregnancy (female) if not obtained while in ED		
11.	<input type="checkbox"/>	<input type="checkbox"/> q6h BMP, LFTs, Total CK		

White -- Chart

Yellow -- Pharmacy

Pink -- Floor Copy

MD Signature: _____ **Date:** _____ **Time:** _____

ORDERS Developed by: Emergency Medicine

Date 8/30/06

Review Date 4/27/09