



**Physician Orders ADULT**  
**Title: ED Fever 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: \_\_\_\_\_

**Initial Orders**

<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,STAT,q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input type="checkbox"/>	Cardiac Monitoring - ED only	T;N, STAT
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, 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	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam (GTWN only)	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Fever, STAT, Stretcher
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N
<input type="checkbox"/>	Pregnancy Screen Urine	T;N,STAT,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect

**Respiratory Care**

<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 92%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N,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





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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	875 mg, Tab, PO, once, STAT
<input type="checkbox"/>	azithromycin	500 mg, Tab, PO, once, STAT
<input type="checkbox"/>	azithromycin	500 mg, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS)	160 mg, DS Tab, PO, once, STAT, T;N, 160mg=1 DS tab
<input type="checkbox"/>	cefepime	1 g, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	cefTRIAxone	1 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	clindamycin	300 mg, Cap, PO, once, STAT
<input type="checkbox"/>	clindamycin	900 mg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	doxycycline	100 mg, Injection, IV Piggyback, once, STAT, T;N
<input type="checkbox"/>	doxycycline	100 mg, Cap, PO, once, STAT, T;N
<input type="checkbox"/>	metroNIDAZOLE	500 mg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	metroNIDAZOLE	500 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, once, STAT, Comment: If patient weighs less than or equal to 60 kg
<input type="checkbox"/>	vancomycin	1.5, Injection, IV Piggyback, once, STAT, Comment: If patient weighs greater than 60 kg or less than 100 kg
<input type="checkbox"/>	vancomycin	2 g, Injection, IV Piggyback, once, STAT, Comment: If patient weighs equal to or greater than 100 kg
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"/>	Chest 1VW Frontal	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	T;N, Reason for Consult: fever

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