

JCHC:ACU:SINGLE EPISODE ORDERS [7298]

ANTIBIOTIC THERAPY PLANS

Therapy Plans [132133]

Make sure to order the injection/infusion order with the pharmacy to dose order.

- | | |
|---|--|
| <input type="checkbox"/> INJECTIONS, INFUSIONS [CCPRO781] | <input checked="" type="checkbox"/> Routine
When Desired: First Available
Does the patient require Anesthesia? No
Intravenous, PHARMACY TO DOSE
Please add therapy plan for *** days |
| <input type="checkbox"/> gentamicin pharmacy to dose [928172] | Intravenous, PHARMACY TO DOSE
Please add therapy plan for *** days |
| <input type="checkbox"/> tobramycin pharmacy to dose [928173] | Intravenous, PHARMACY TO DOSE
Please add therapy plan for *** days |
| <input type="checkbox"/> vancomycin pharmacy to dose [928171] | Intravenous, PHARMACY TO DOSE
Please add therapy plan for *** days |
| <input type="checkbox"/> amikacin pharmacy to dose [928534] | Intravenous, PHARMACY TO DOSE
Please add therapy plan for *** days |

Blood Patch

Blood Patch [132441]

- | | |
|--|---|
| <input type="checkbox"/> BLOOD PATCH [CR108] | <input checked="" type="checkbox"/> Routine, ONCE, OR - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 30 min
Vendor Needed? No
Case Notes: |
|--|---|

Bowel Care

Bowel Care [212438]

- | | |
|---|--|
| <input type="checkbox"/> Mineral Oil Enema [200617] | |
| <input type="checkbox"/> Schedule enema [CCPRO781] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia? No
Schedule mineral oil enema. See bowel care order. |
| <input type="checkbox"/> Mineral Oil Enema [NUR333] | Routine, ONCE, Standing Order
Enema type: Mineral oil
Other Care Type: |
| <input type="checkbox"/> Normal Saline Enema [200620] | |
| <input type="checkbox"/> Schedule enema [CCPRO781] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia? No
Schedule normal saline enema. See bowel care order. |
| <input type="checkbox"/> Normal Saline Enema [NUR333] | Routine, ONCE, Standing Order
Enema type: Normal Saline
Other Care Type: |
| <input type="checkbox"/> Soap Suds Enema [200622] | |
| <input type="checkbox"/> Schedule enema [CCPRO781] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia? No
Schedule soap suds enema. See bowel care order. |
| <input type="checkbox"/> Soap Suds Enema [NUR333] | Routine, ONCE, Standing Order
Enema type: Soap Suds
Other Care Type: |

- | | |
|--|---|
| <input type="checkbox"/> Tap Water Enema [200625]
<input type="checkbox"/> Schedule enema [CCPRO781]

<input type="checkbox"/> Tap Water Enema [NUR333]

<input type="checkbox"/> Contrast Media Enema [200626]
<input type="checkbox"/> Schedule enema [CCPRO781]

<input type="checkbox"/> Contrast Media Enema [NUR333]

<input type="checkbox"/> Fleets Enema [200629]
<input type="checkbox"/> Schedule enema [CCPRO781]

<input type="checkbox"/> Fleets Enema [NUR333]

<input type="checkbox"/> Milk/Molasses Enema [200631]
<input type="checkbox"/> Schedule enema [CCPRO781]

<input type="checkbox"/> Milk/Molasses Enema [NUR333]

<input type="checkbox"/> Lactulose Enema [200634]
<input type="checkbox"/> Schedule enema [CCPRO781]

<input type="checkbox"/> Lactulose Enema [NUR333] | <div style="background-color: #4a4a8a; color: white; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> Routine
 When Desired:
 Does the patient require Anesthesia? No
 Schedule tap water enema. See bowel care order.
 Routine, ONCE, Standing Order
 Enema type: Tap Water
 Other Care Type: </div> <div style="background-color: #4a4a8a; color: white; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> Routine
 When Desired:
 Does the patient require Anesthesia? No
 Schedule contrast media enema. See bowel care order.
 Routine, ONCE, Standing Order
 Enema type: Contrast media
 Other Care Type: </div> <div style="background-color: #4a4a8a; color: white; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> Routine
 When Desired:
 Does the patient require Anesthesia? No
 Schedule fleets enema. See bowel care order.
 Routine, ONCE, Standing Order
 Enema type: Fleets
 Other Care Type: </div> <div style="background-color: #4a4a8a; color: white; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> Routine
 When Desired:
 Does the patient require Anesthesia? No
 Schedule milk/molasses enema. See bowel care order.
 Routine, ONCE, Standing Order
 Enema type: Milk/ Molasses
 Other Care Type: </div> <div style="background-color: #4a4a8a; color: white; padding: 5px;"> <input checked="" type="checkbox"/> Routine
 When Desired:
 Does the patient require Anesthesia? No
 Schedule lactulose enema. See bowel care order.
 Routine, ONCE, Standing Order
 Enema type: Lactulose
 Other Care Type: </div> |
|--|---|

Covid Infusion

JHC COVID INFUSION - BAMLANIVIMAB [218332]

- | | |
|---|--|
| <input type="checkbox"/> bamlanivimab 700 mg in sodium chloride 0.9%
IV bag [929396] | 700 mg, Intravenous, Once Starting today For 1
Doses, Standing Medication |
|---|--|

GI Procedures

GI Procedures (Single Response) [129422]

Dr. Zielinski requires a consult before performing this procedure.

- | | |
|---|--|
| <input checked="" type="radio"/> OUTPATIENT CONSULT - SURGERY - ZIELINSKI
[CCREF118] | <div style="background-color: #4a4a8a; color: white; padding: 5px;"> <input checked="" type="checkbox"/> Routine
 When desired: First Available
 Location:
 Location:
 Consult with Zielinski </div> |
|---|--|

☐ OUTPATIENT CONSULT - GI EWING
[CCREF105]

☐ COLONOSCOPY [CR108]

☐ EGD [CR108]

☐ EGD / COLONOSCOPY [CR108]

☒ Routine
When desired: First Available
Location:
Location:
Consult with Ewing
Routine, ONCE, OR - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 30 min
Vendor Needed? No
Case Notes:
Routine, ONCE, OR - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 30 min
Vendor Needed? No
Case Notes:
Routine, ONCE, OR - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 1 hr
Vendor Needed? No
Case Notes:

IV Fluids

Hydration Meds [129423]

☐ INFUSION [CCPRO781]

☐ sodium chloride 0.9% continuous infusion
[27838]

☐ sodium chloride 0.9% IV bolus [950010]

☐ D5W continuous infusion [2364]

☐ lactated ringers (LR) continuous infusion [4318]

☐ lactated ringers (LR) bolus [950031]

☐ iron sucrose (VENOFER) in sodium chloride
0.9% 100 mL IV bag [928263]

☒ Routine
When Desired: First Available
Does the patient require Anesthesia? No
Hydration Infusion
Intravenous, Continuous, Standing Medication
1,000 mL, Intravenous, Once, at 1-999 mL/hr,
Standing Medication
Intravenous, Continuous, Standing Medication
Intravenous, Continuous, Standing Medication
500 mL, Intravenous, Once, at 1-999 mL/hr,
Standing Medication
Intravenous, Once, Standing Medication

Labs

PLEASE SELECT NURSING COMMUNICATION ORDER, ALONG WITH LAB ORDER FOR ACU.

ACU Labs [143830]

☐ NURSING COMMUNICATION [CCNUR114]

Routine, ONCE, Standing Order, PLEASE DRAW LAB DURING ACU VISIT

☐ UICC CBC WITH DIFFERENTIAL [CCLAB499]

☒ Routine

☐ UICC COMPREHENSIVE METABOLIC PANEL
(CMP) [CCLAB500]

☒ Routine

- | | |
|---|---|
| <input type="checkbox"/> UICC BASIC METABOLIC PANEL (W/ CALCIUM TOTAL) [CCLAB140] | <input checked="" type="checkbox"/> Routine |
| <input type="checkbox"/> UICC URINALYSIS WITH REFLEX CULTURE [CCLAB441] | <input checked="" type="checkbox"/> Routine |

Migraine

Migraine Protocol [129162]

Be sure to document no allergies/sensitivities to medications prescribed.

- | | |
|--|---|
| <input type="checkbox"/> INJECTION [CCPRO781] | <input checked="" type="checkbox"/> Routine
When Desired: First Available
Does the patient require Anesthesia? No
For Migraine Protocol |
| <input type="checkbox"/> LINE/IV [NUR33] | Routine, ONCE For 1 Occurrences, Standing Order
Line Type: Peripheral IV
Peripheral IV Line Action: Insert/Maintain |
| <input type="checkbox"/> VITAL SIGNS - BP, HR, RR, TEMP, SPO2 [CCNUR108] | Routine, ONCE For 1 Occurrences, Standing Order |
| <input type="checkbox"/> ACTIVITY [NUR129] | Routine, ONCE For 1 Occurrences, Standing Order
Activity Level: With Assistance
No visitors outside of spouse or driver.
Dark room. |
| <input type="checkbox"/> COLD THERAPY [NUR290] | Routine, ONCE For 1 Occurrences, Standing Order
Cold Therapy Type: Ice pack
PRN |
| <input type="checkbox"/> DIET-FULL LIQUID [CCDIET110] | Routine, DIET EFFECTIVE NOW, Starting today For 1 Occurrences, Standing Order
Restrictions: Liquid Diet
Clear or Full Liquid: Full liquid |
| <input type="checkbox"/> DISCHARGE PATIENT WHEN CRITERIA MET [CCNUR114] | Routine, ONCE For 1 Occurrences, Standing Order,
Discharge past IV meds done with resolution of headache greater than or equal to 50%; with driver |

Migraine Meds [129426]

- | | |
|--|---|
| <input type="checkbox"/> Meds [142664] | |
| <input type="checkbox"/> sodium chloride 0.9% IV bolus [950010] | 500 mL, Intravenous, Once For 1 Doses, at 1-999 mL/hr, Standing Medication |
| <input type="checkbox"/> sodium chloride 0.9% continuous infusion [27838] | Intravenous, Continuous, at 200 mL/hr
500 ml bolus and then change to 200 ml/hr after that.
Standing Medication |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) 50 mg/mL injection [2508] | 25 mg, Intravenous, Once For 1 Doses
Give before Toradol/Compazine
Standing Medication |
| <input type="checkbox"/> ketorolac (TORADOL) 30 mg/mL injection [22473] | 30 mg, Intravenous, Once For 1 Doses
Give with compazine
Standing Medication |
| <input type="checkbox"/> PROchlorPERAZINE (COMPAZINE) 5 mg/mL injection [160650] | 10 mg, Intravenous, Once For 1 Doses
Give over 5 minutes with ketorolac
Standing Medication |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) 50 mg/mL injection [2508] | 25 mg, Intravenous, Once As Needed For 1 Doses, Other, If Toradol/Compazine does not work
Give with Reglan IV
Standing Medication |
| <input type="checkbox"/> metoclopramide (REGLAN) IV bag [928220] | 20 mg, Intravenous, Once As Needed For 1 Doses, Other, If Toradol/Compazine does not work
Give with Benadryl IV
Standing Medication |

- | | |
|--|---|
| <input type="checkbox"/> magnesium sulfate IV bag [928164] | 1 g, Intravenous, Once As Needed For 1 Doses, Other, If Benadryl plus Reglan combo fails after 45 minutes, give magnesium 1 gm IV slow over 1 hour
DC if BP systolic drops over 15 mm hg and/or heart rate decreases 10 BMP; only done if telemetry available
Standing Medication |
| <input type="checkbox"/> dexamethasone (DECADRON) 10 mg/mL injection [2331] | 15 mg, Intravenous, Once For 1 Doses
Give when headache relieved if no PO/IM/IV steroids in past 60 days
Standing Medication |
| <input type="checkbox"/> ondansetron (pf) (ZOFTRAN) 2 mg/mL injection [103161] | 4 mg, Intravenous, Once For 1 Doses, Standing Medication |

Other Procedures

Other Procedures [129425]

- | | |
|--|--|
| <input type="checkbox"/> BONE MARROW BIOPSY [CCPRO333] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia?
Routine, ONCE, Procedure - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Procedure Performed during: Future Encounter
Duration: 30 minutes
Vendor Needed? No
Case Notes: |
| <input type="checkbox"/> Thoracentesis [CR108] | |
| <input type="checkbox"/> Lumbar Puncture [CR108] | Routine, ONCE, Procedure - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Procedure Performed during: Future Encounter
Duration: 30 minutes
Vendor Needed? No
Case Notes: |

Pain/Anesthesia

Pain Consults/Anesthesia [196846]

- | | |
|---|--|
| <input type="checkbox"/> Steroid Epidural Injection [CR108] | Routine, ONCE, OR - Case Request
Case Classification: D - Within 24 Hrs
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 30 min
Vendor Needed? No
Case Notes: |
| <input type="checkbox"/> Consult for Neck Pain [CCREF128] | <input checked="" type="checkbox"/> Routine
When desired: First Available
Pain Location (JCHC): Neck
Location: JCHC - Jay Brewer
Eval and treat for neck pain |
| <input type="checkbox"/> Consult for Shoulder Pain [CCREF128] | <input checked="" type="checkbox"/> Routine
When desired: First Available
Pain Location (JCHC): Shoulder
Location: JCHC - Jay Brewer |

- | | |
|--|--|
| <input type="checkbox"/> Consult for Lumbar Pain [CR108] | Routine, ONCE, Procedure - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Procedure Performed during: Future Encounter
Duration: 30 minutes
Vendor Needed? No
Case Notes: |
| <input type="checkbox"/> Consult for SI Joint Pain [CR108] | Routine, ONCE, Procedure - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Procedure Performed during: Future Encounter
Duration: 30 minutes
Vendor Needed? No
Case Notes: |
| <input type="checkbox"/> Consult for Hip Pain [CCREF128] | <input checked="" type="checkbox"/> Routine
When desired: First Available
Pain Location (JCHC): Hip
Location: JCHC - Jay Brewer |
| <input type="checkbox"/> Consult for Knee Pain [CCREF128] | <input checked="" type="checkbox"/> Routine
When desired: First Available
Pain Location (JCHC): Knee
Location: JCHC - Jay Brewer |

Picc/Central Line/Port

PICC/Central Line/Port [129424]

- | | |
|--|---|
| <input type="checkbox"/> PICC/CENTRAL LINE DRESSING CHANGE [CCNUR131] | Routine
Dressing Type: PICC/Central Line
Dressing Supply:
Dressing Location: |
| <input type="checkbox"/> CENTRAL LINE / PICC PLACEMENT [CR108] | Routine, ONCE, OR - Case Request
Case Classification: Elective
Procedure Performed during: Future Encounter
Patient Class (Choose button only): Hospital
Outpatient Surgery
Duration: 30 min
Vendor Needed? No
Case Notes: |
| <input type="checkbox"/> BLOOD DRAW FROM PICC/CENTRAL/PORT [CCPRO734] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia? No |
| <input type="checkbox"/> XR CHEST 1 VIEW PORTABLE (71010) [IMG9014256] | <input checked="" type="checkbox"/> Routine
Order Class: Radiology Scheduled
Additional clinical information for the radiologist:
Is the patient pregnant?
Patient instructions after exam: |

Urinary

Urinary [129412]

- | | |
|--|---|
| <input type="checkbox"/> STRAIGHT CATH & UA [128990] | |
| <input type="checkbox"/> STRAIGHT CATHETERIZATION [CCPRO311] | <input checked="" type="checkbox"/> Routine
When Desired:
Does the patient require Anesthesia? No |

<input type="checkbox"/> UICC URINALYSIS WITH REFLEX CULTURE [CCLAB441]	<input checked="" type="checkbox"/> Routine
<input type="checkbox"/> CATHETER - INSERT [CCNUR375]	Routine Catheter Type: indwelling Catheter Care Activity: insert Reason:
<input type="checkbox"/> CATHETER - CHANGE [CCNUR375]	Routine Catheter Type: indwelling Catheter Care Activity: change
<input type="checkbox"/> BLADDER SCAN [CCNUR374]	Routine, Post void residual. If post void residual is greater than *** ml, place ***.

Vitamin K Injection

Vitamin K Injection [129438]

Choose both orders

<input type="checkbox"/> INJECTION [CCPRO781]	<input checked="" type="checkbox"/> Routine When Desired: First Available Does the patient require Anesthesia? No Vitamin K Injection
<input type="checkbox"/> phytonadione (vitamin K1) (VITAMIN K) 10 mg/mL injection [77682]	10 mg, Subcutaneous, Once, Standing Medication

Wound Care

Wound Care [196849]

<input type="checkbox"/> DRESSING, APPLY/CHANGE [CCNUR131]	Routine, Auto Release Dressing Type: Dressing Supply: Dressing Location:
<input type="checkbox"/> Wound Care in ACU [CCPRO1005]	Routine, Auto Release When Desired: First Available