

Use Ball Point Pen Only

"Authorization is hereby given to dispense the Generic or therapeutic equivalent unless indicated by the words—NO SUBSTITUTE"	
Clinical Decision Support Orders	
Patient Status Info	<input checked="" type="checkbox"/> Service of Dr. _____ available by phone at _____ <input checked="" type="checkbox"/> ICD 10 Codes: _____
Consults	<input type="checkbox"/> I have already contacted Dr. _____ who will consult for _____
Activity	<input type="checkbox"/> Bed rest with Bathroom Privileges <input type="checkbox"/> Up with assistance <input type="checkbox"/> Ambulate as tolerated
Nursing	<input checked="" type="checkbox"/> Vital Signs on arrival and as needed for patient symptoms and medication assessments <input checked="" type="checkbox"/> Insert saline lock <input type="checkbox"/> Record all I & O <input type="checkbox"/> Capillary Blood Glucose as needed for symptoms of _____ and follow Capillary Blood Glucose Protocol (PHA 117/NSG-MED 236) <input type="checkbox"/> Oxygen@ _____ liters per minute via nasal cannula and titrate as per protocol
Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Light Snacks available on unit as requested
Lab—to be done STAT	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> CBC with Diff <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> Pro Brain Natriuretic Peptide <input type="checkbox"/> Amylase <input type="checkbox"/> Urinalysis <input type="checkbox"/> Type and Cross for 1 unit PRBC to be transfused NOW and followed by Hgb <input type="checkbox"/> Blood Cultures x 2 prior to any Antibiotics NOW <input type="checkbox"/> Urine Culture for symptoms of _____ NOW </div> <div style="width: 50%;"> <input type="checkbox"/> PT/PTT/INR <input type="checkbox"/> Complete Metabolic Panel <input type="checkbox"/> Procalcitonin <input type="checkbox"/> Lipase <input type="checkbox"/> Urine Pregnancy </div> </div>
Respiratory Therapy	<input type="checkbox"/> ABG STAT (Circle One: Room Air Patient's home O2 level of _____ lpm) <input type="checkbox"/> Peak Flow <input type="checkbox"/> Albuterol (Proventil ®) 2.5 mg per Hand Held Nebulizer NOW and every 2 hrs as needed for wheezing <input type="checkbox"/> Albuterol/Ipratropium (DuoNeb®) 3 ml per Hand Held Nebulizer NOW and every 4 hrs as needed for wheezing If both albuterol and DuoNeb are ordered begin with DuoNeb order and use albuterol alone for wheezing not relieved by DuoNeb
Diagnostic Imaging	<input type="checkbox"/> CXR 2 view PA and Lateral NOW Ordering Provider MUST obtain Authorization for any of the following Diagnostic Imaging Studies <input type="checkbox"/> Ultrasound of _____ NOW Authorization # _____ <input type="checkbox"/> CT of _____ without contrast NOW Authorization # _____
Diagnostics	<input type="checkbox"/> EKG NOW
IV Fluids	<input type="checkbox"/> Normal Saline Bolus of (Circle One: 250 ml 500 ml 1 liter) at 999 ml per hour NOW <input type="checkbox"/> Normal Saline at (Circle One: 20 50 100 125 150) ml per hour NOW
Medications and Other Orders as Indicated Do NOT use: <ul style="list-style-type: none"> • U or u (Unit) • IU (International Units) • MgSO4 (Magnesium Sulfate) • MS or MSO4 (Morphine Sulfate) 	
Print Practitioner Name: _____	
Practitioner Signature: _____	Date: _____ Time: _____
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____	



155400043
CDUORD

Original 083019
Clinical Decision Unit Orders

Patient Full Name: _____
 Patient DOB: _____ **M or F**