RAPID RESPONSE SDO - DR. A. YEPES-HURTADO

Patient Label Here

D '	PHYSICIAN ORDERS			
Diagnosi				
Weight	Place an "X" in the Orders column to designate orders of choice Al	ND on "v" in the angelie and	r detail hay(aa) whare applicable	
ORDER	ORDER DETAILS	ND an X in the specific order	detail box(es) where applicable.	
OKDEK	Patient Care			
	Please order under Dr. A. Yepes-Hurtado and use STANDING DELEGA	ATION per policy PC-34.		
	Insert Peripheral Line (Insert Intraosseous)			
'	SOB/CHF Exacerbation			
	Patient Activity ☐ Bedrest, Bed Position: HOB >/= 30 degrees			
	EKG-12 Lead ☐ STAT			
	DX Chest Portable STAT			
	CBC □ STAT			
	Basic Metabolic Panel			
	Arterial Blood Gas ☐ STAT			
	morphine ☐ 2 mg, IVPush, inj, ONE TIME per Rapid Response Standing Delegation Order			
<u>'</u>	Chest Pain Adult			
	EKG-12 Lead ☐ STAT			
	DX Chest Portable STAT			
	CBC □ STAT			
	Basic Metabolic Panel ☐ STAT			
	Troponin T High Sensitivity ☐ STAT			
	Magnesium Level STAT			
	nitroGLYCerin (nitroGLYCerin sublingual) 0.4 mg, SL, tab, q5minX3, PRN chest pain per Rapid Response Standing Delegation Order			
	aspirin USE FOR AMI, 324 mg, chewed, tab chew, ONE TIME This medication must be given immediately for AMI per Rapid Resp	onse Standing Delegation Order	,	
□ то	☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
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RAPID RESPONSE SDO - DR. A. YEPES-HURTADO

Patient Label Here

	PHYSICIAN ORDERS		
<u> </u>	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	morphine ☐ 2 mg, IVPush, inj, q10min, PRN chest pain Administer until pain level is less than 4/10. per Rapid Response St	anding Delegation Order	
	Symptomatic Bradycardia Adult		
	EKG-12 Lead ☐ STAT		
	Place Device at Bedside STAT, Crash cart at bedside		
	CBC STAT		
	Basic Metabolic Panel (BMP) ☐ STAT		
	Troponin T High Sensitivity ☐ STAT		
	CK (Creatine Kinase) ☐ STAT		
	atropine ☐ 1 mg, IVPush, syringe, ONE TIME per Rapid Response Standing Delegation Order		
	Symptomatic Tachycardia Adult		
	EKG-12 Lead ☐ STAT		
	DX Chest Portable STAT		
	CBC □ STAT		
	Basic Metabolic Panel (BMP) ☐ STAT		
	Troponin T High Sensitivity ☐ STAT		
	Symptomatic Hypotension Adult		
	If the patient has received any narcotic medication in the last 24 hours	:	
	naloxone ☐ 0.4 mg, IVPush, inj, q2min, PRN bradypnea per Rapid Response Standing Delegation Order		
	If patient has no cardiac history:		
	NS (NS bolus) 500 mL, IVPB, iv soln, ONE TIME, May repeat x1 if patient does no per Rapid Response Standing Delegation Order	t respond.	
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

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RAPID RESPONSE SDO - DR. A. YEPES-HURTADO

Patient Label Here

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		N ORDERS	tail bay(aa) whan annliachla
00000	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order de	tail box(es) where applicable.
ORDER	ORDER DETAILS		
	If the patient is actively bleeding and/or has had an Hgb less than 8 in the	e last four hours:	
	CBC ☐ STAT		
	Comprehensive Metabolic Panel STAT		
	Prothrombin Time with INR ☐ STAT		
	For Transfusion Orders seeADDITIONAL ORDERS category below	/	
	Acute Seizures Adult		
	LORazepam ☐ 1 mg, IVPush, inj, ONE TIME per Rapid Response Standing Delegation Order		
	CBC □ STAT		
	Perform Neurological Checks ☐ q15min, and Assess LOC.		
	POC Blood Sugar Check ☐ Stat and repeat q30 min x 2 the q1h. If Blood Sugar < 70.		
	If Blood Sugar less than 70 and patient is symptomatic:		
	glucose (D50) 25 g, IVPush, syringe, ONE TIME per Rapid Response Standing Delegation Order		
	Seizure Precautions Position patient on side.		
-	Altered Mental Status		
	EKG-12 Lead ☐ STAT		
	CBC □ STAT		
	Comprehensive Metabolic Panel STAT		
	Urinalysis ☐ Urine, STAT		
	naloxone ☐ 0.4 mg, IVPush, inj, q2min, PRN bradypnea per Rapid Response Standing Delegation Order		
	flumazenil 0.2 mg, IVPush, inj, ONE TIME per Rapid Response Standing Delegation Order. Do not give if patient	has received benzodiazpine for s	eizure activity
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Order Take	en by Signature:	Date	Time
Physician S	Signature:	Date	Time

RAPID RESPONSE SDO - DR. A. YEPES-HURTADO

Patient Label Here

	PHYSICIAN		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	POC Blood Sugar Check ☐ Stat and repeat q30 min x 2 the q1h. If Blood Sugar < 70.		
	If Blood Sugar less than 70 and patient is symptomatic:		
	glucose (D50) ☐ 25 g, IVPush, syringe, ONE TIME per Rapid Response Standing Delegation Order		
	Perform Neurological Checks ☐ q15min, and assess LOC.		
'	Hematemesis Stat		
	EKG-12 Lead ☐ STAT		
	CBC □ STAT		
	Basic Metabolic Panel (BMP) ☐ STAT		
	***For Transfusion Orders seeADDITIONAL ORDERS category below	***	
	Acute Allergic Reaction Adult		
	diphenhydrAMINE □ 25 mg, IVPush, inj, ONE TIME per Rapid Response Standing Delegation Order		
	Notify Nurse (DO NOT USE FOR MEDS) Closely monitor for signs of airway compromise.		
	Suspected Sepsis		
	Culture Blood ☐ Blood, STAT		
	Lactic Acid Level STAT		
	Culture Blood ☐ Blood, Timed, T;N+0015		
	Lactic Acid Level ☐ Timed, T;N+0015		
	Arterial Blood Gas STAT, Additional Tests: Lactate		
	zProcalcitonin Now (Procalcitonin Now) ☐ STAT, T;N		
	zProcalcitonin at 24 hours (Procalcitonin at 24 hours) ☐ Timed, T;N+0015		
	Additional Orders		
	Insert Peripheral Line (Insert Intraosseous) T;N, as needed for emergency if peripheral access cannot be obtained	i	
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Order Take	n by Signature:	Date	Time
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R/	APID RESPONSE SDO - DR. A. YEPES-HURTADO		
	PHYSICIAI	N ORDERS	
-	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order de	etail box(es) where applicable.
ORDER	ORDER DETAILS		
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Order Take	n by Signature:	Date	Time
Physician Signature: DateTime		Time	

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BE	3 TYPE AND SCREEN PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		detail box(es) where applicable.
ORDER	ORDER DETAILS	•	, ,
	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
	Придрик	10	
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Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

Patient Label Here

BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

	PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS	
	CRITICAL BLOOD SHORTAGE	
	*****Due to a blood shortage both locally and nationally, strongly consider the indications and evidence for this transfusion prior to placing the order. Transfusion guidelines are attached to each order below. ***	
	Select the product to transfuse and the post transfusion lab, if applicable	
	BB PRBC for pts 25 kg or GREATER ☐ Priority: To Transfuse When Ready, 1 units ☐ Priority: To Transfuse When Ready, 2 units	
	BB Platelet for pts 25 kg or GREATER Priority: To Transfuse When Ready, 1 units	
	BB Plasma for pts 25 kg or GREATER ☐ Priority: To Transfuse When Ready, 1 units ☐ Priority: To Transfuse When Ready, 2 units	
	BB Cryoprecipitate for pts 25 kg or GREA (BB Cryoprecipitate for pts 25 kg or GREATER) Priority: To Transfuse When Ready, Type of Cryo: Single Non Pooled Priority: To Transfuse When Ready, Type of Cryo: 5 Pack Pooled	
	Select the following order to transfuse in hemodialysis	
	Select the medication(s) to be given, if applicable	
	Medications to be given prior to infusion	
	Medication to be given in between units	
	Medication to be given after all units transfused	
	Communication	
	Transfusion Instructions For Nursing (DO (Transfusion Instructions For Nursing (DO NOT USE FOR MEDS)) Transfuse in Hemodialysis with next treatment	
	Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. acetaminophen □ 325 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion □ 500 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion □ 10 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion □ 15 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion	
	diphenhydrAMINE □ 25 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion. □ 50 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give prior to transfusion. □ 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 50 mg Give prior to transfusion. Max Dose = 50 mg Continued on next page	
□то		can
	Faken by Signature: Date Time	
Physician 9	ian Signature: Date Time	

Patient Label Here

BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
	furosemide 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give between units. 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give in between units. Max Dose = 40 mg
	furosemide 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give after all units have been transfused. 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give after all units have been transfused. Max Dose = 40 mg
	Laboratory
	Post Transfusion H and H ☐ STAT, Comment: Draw TWO hours after TRANSFUSION IS complete
	Post Transfusion Platelet Count STAT, Comment: Draw After Transfusion
	Post Transfusion PT with INR STAT, Comment: Draw After Transfusion
	Post Transfusion Fibrinogen ☐ STAT, Comment: Draw After Transfusion
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Order Taker	n by Signature: Date Time
Physician S	Signature: DateTime