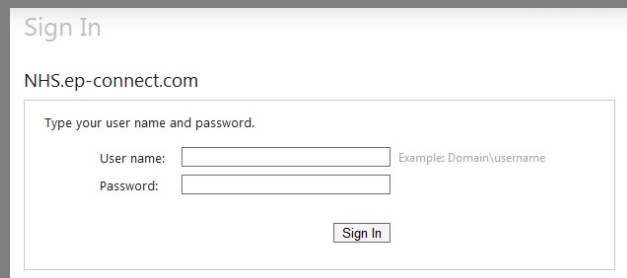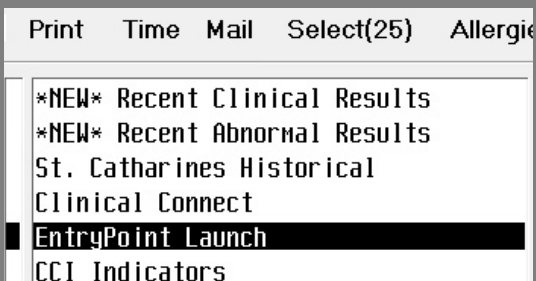# For Back Up Use

This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

For daily use, please access the version on EntryPoint

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for "EntryPoint Launch" and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.

Print   Time   Mail   Select(25)   Allergie

```
*NEW* Recent Clinical Results
*NEW* Recent Abnormal Results
St. Catharines Historical
Clinical Connect
EntryPoint Launch
CCI Indicators
```

Sign In

NHS.ep-connect.com

Type your user name and password.

User name: _____ Example: Domain\username
Password: _____

Sign In

Height _____ cm   Weight _____ kg

Allergies _____

		Emergency Department (ED) General Management Order Set	M	K	O

Orders Processed Date (dd/mm/yyyy)

_____

Time (hhmm)

_____

By

_____

Status

_____

Processing Reviewed by

_____

Status

_____

Faxed by

Lab Investigations
ED Panels and Sets

☐ ABD   ☐ Chest Pain   ☐ ED Trauma   ☐ OD   ☐ Sepsis   ☐ TIA/CVA   ☐ CSF Study

☐ ABG   ☐ BhCG   ☐ CBC   ☐ Chem   ☐ D Dimer   ☐ Grp/screen   ☐ INR

☐ LFT   ☐ PTT   ☐ S. Preg   ☐ VBG   ☐ Blood Cultures

Specimens

☐ Urinalysis   ☐ Urine Preg   ☐ Throat culture   ☐ Urine C&S

☐ Other Labs: _____

Diagnostics & Cardiology
☐ Plain Films: _____

☐ Ultrasound: _____ ☐ Other: _____

☐ CT: _____ (Complete separate requisition)

☐ Cardiac Monitor   ☐ ECG   ☒ STAT ECG with chest pain and notify physician

Diet and Fluids
Bolus IV: ☐ _____ _____ mL IV bolus over _____

Other IV: ☐ _____ at _____ mL/h Reassess after _____ hours

Other: ☐ NPO   ☐ DAT   ☐ Other: _____   ☐ Saline Lock

Adult only Pain/Nausea Management
Maximum dose from all sources in 24 hours: acetaminophen 4,000 mg, ibuprofen 2,400 mg

☐ morphine _____ mg ☐ IV   ☐ PO   q _____ h PRN

☐ ketorolac _____ mg ☐ IV   ☐ IM q6h PRN **OR** ☐ ibuprofen _____ mg PO q6h PRN

☐ acetaminophen _____ mg   ☐ PO   ☐ PR   q4h PRN

☐ ondansetron _____ mg   ☐ IV ☐ PO   q8h PRN

☐ dimenhy**DRINATE** _____ mg IV q6h PRN (for patients at low risk for falls and/or delirium)

Additional Orders

_____

_____

_____

_____

_____

☐ Telephone Order _____

     Ordering Practitioner, Designation   Signature   Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ _____ _____ ☐ Read Back

     Ordering Physician   Date (dd/mm/yyyy)   Time (hhmm)