


PRAIRIE MOUNTAIN HEALTH
 Except Brandon
EMERGENCY DEPARTMENT
ADULT CLINICAL DECISION TOOL
 Nurse May Implement
 May use with [PPG-02185](#)

Client: _____

DOB (yyyy/mmm/dd): _____

HRN / MHSC: _____

PHIN #: _____

Addressograph/Place Label Here

MEDICATIONS

The following orders are active until patient is seen by a physician/transferred/discharged (according to PPG-02185, CTAS, NEWS2 score and clinical judgement may dictate immediate call to 911)

Patient Weight: _____ kg

Fever:
For temperature greater than 38°C:

acetaminophen 325 to 1000 mg PO/PR every 4 to 6 hours PRN (if not given in previous 4 hours; Maximum 4000 mg from all sources in 24 hours)

AND

ibuprofen 400 mg PO every 6 hours PRN
(If NSAID not given in previous 6 hours; use with caution in patients greater than 70 years old, history of asthma, bleeding disorder, renal impairment, hepatic impairment or history of GI bleed, ASA or NSAID allergy; Contraindicated in pregnancy)

Pain:
Exclusion criteria: Allergies or intolerance to analgesia, CTAS Level 1, open fractures, amputation, multiple trauma, unstable vital signs, obtunded, Glasgow Coma Scale less than 14, head injury or headache with alteration in LOC, suspected or actual pregnancy

acetaminophen 1000 mg PO every 4 to 6 hours PRN (If not given in previous 4 hours)

acetaminophen 325 mg with codeine 30 mg (Tylenol #3 or equivalent) 1 to 2 tabs PO every 4 to 6 hours PRN

OR

acetaminophen 325 mg with tramadol 37.5 mg (Tramacet) 1 to 2 tabs PO every 4 to 6 hours (maximum 8 tabs in 24 hours)

Maximum 4000 mg acetaminophen from all sources in 24 hours

ibuprofen 400 mg PO every 6 hours PRN

OR

ketorolac 10 mg PO or 15 mg IV/IM every 6 hours PRN (see NSAID contraindications above)

The following are not to be administered in waiting room (patient must be in bed to administer):

hydromorphone 1 to 2 mg PO every 2 hours PRN

hydromorphone 0.5 to 1 mg IV/subcut every 2 hours PRN

Cardiac Chest Pain:
Refer to: [PPG-00168](#) (Acute Coronary Syndrome (ACS)), [PMH1062](#) (Acute Coronary Syndrome (ACS) Emergent Care Nursing Guidelines), [PMHMSO.062](#) (Coronary Syndrome (ACS) Emergent and Acute Care Medication Standing Orders)

ASA 160mg oral chew tab once (if not already taken)

Shortness of Breath:
For mild to moderate respiratory distress with wheezing:

salbutamol MDI (100 mcg/puff) 4 to 8 puffs via spacer

For moderate to severe respiratory distress with wheezing, add:

ipratropium MDI (20 mcg/puff) 4 puffs via spacer

For wheezing in patient with a history of COPD:

salbutamol MDI (100 mcg/puff) 4 to 8 puffs via spacer **AND** ipratropium MDI (20 mcg/puff) 4 puffs via spacer

Nausea and/or vomiting:

dimenhydrinate 25 to 50 mg* IM/IV/PO every 4 hours PRN (if not given in last 4 hours)

*Use 25 mg initially for clients at risk of delirium (elderly, known dementia, or history of delirium)

metoclopramide 5 to 10 mg IV/subcut/PO every 4 hours PRN (contraindicated in Parkinson's Disease)

Allergic Reactions:
For anaphylaxis, **initiate PMHMSO.125**

For cutaneous symptoms in the absence of respiratory symptoms:

cetirizine 10 mg PO once

Lacerations:
Tetanus prophylaxis – for clients with clean minor wounds who have not received vaccine in more than 10 years, or for clients with more serious wounds who have not received vaccine in more than 5 years

Tdap 0.5 mL IM (deltoid preferred) for clients who have no history of Tdap immunization or who have not received this vaccine as an adult and for clients who are **PREGNANT** (optimal timing is between 27 and 32 weeks gestation, although Tdap may be given any time during pregnancy)

OR

Td adsorbed 0.5 mL IM (deltoid preferred) if Tdap given in past but immunization is not current

Tetanus vaccine and tetanus immunoglobulin must be administered at different injection sites.

Note: Tetanus immunoglobulin requires physician order.

See Reverse for Additional Orders

Nurse or Prescriber Signature: _____ Date & Time: _____ yyyy/mmm/dd



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MEDICATIONS CONTINUED

Gastroesophageal Reflux/Dyspepsia:

- antacid plus liquid 15 to 30 mL PO once
OR
Pink Lady oral suspension 30 mL PO once (15 mL viscous lidocaine 2% and 15 mL antacid plus liquid)

Suspected Poisoning Management: Call Poison Control at 1-855-776-4766. If recommended:

- Activated charcoal 50 g PO once - within 1 - 2 hours of ingestion; must be alert with * GCS of >=14 and cooperative.
*high risk of aspiration with decreased LOC.
(If closed ED, must transfer with EMS)

Opioid Toxicity Management

- naloxone 0.4mg IV/IM once - for respiratory rates less than 8 breaths per minute

GENERAL

Intravenous:

- IV Normal Saline at TKO for any unstable patient or patient with severe (greater than 8/10) acute pain

Treatments:

- Oxygen per non-rebreathe or nasal prongs to maintain oxygen saturations greater than 92% unless patient has a known history of COPD
Ring cutting when circulation has been impeded and when unable to remove ring
Tissue adhesive/steri strips for minor lacerations (small, non-gaping, no active bleeding)

Urinary Catheterization:

- Urinary catheter may be inserted for urinary retention (contraindicated with recent history of genitourinary surgery)
lidocaine 2% jelly PRN prior to urinary catheterization

Tests AVAILABLE FOR OPEN ED ONLY, RN may order under Reserved Act 2 & 10(e) of RHPA

- Initiate labs as per Emergency/Urgent Care Laboratory Requisition Form (R250-10-88), Nurse Initiated Presentation Order Sets according to client specific presenting complaint. (**some tests may not be available at every site and blood MAY require transport to an alternate lab for testing.)
EKG for chest pain (refer to ACS PMHMSO.062 & Acute Coronary Syndrome (ACS) Emergent Care Nursing Guidelines PMH1062 for further information).
Chest x-ray for patients with fever and cough.
Acute Isolated Injury (less than or equal to 24 hours) of the lower limb including the toes, foot, ankle, tibia, fibula and/or the upper limb including fingers, hand, wrist, radius, ulna or humerus. Excluding clients with multiple painful injuries, pregnant, cognitively impaired or with sensory deficits.
X-ray: _____

Nurse or Prescriber Signature: _____ Date & Time: _____ yyyy/mmm/dd