

## Powerplans Showcase:

### Order IV Fluids Quickly

Use Drop Downs to adjust rates as you need !

ED IV Fluids-OLL (Initiated Pending)		
IV Solutions		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Insertion	Start Date T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> sodium chloride (Normal Saline Flush 0.9% injectable solution)	10 mL, IV Push, Syringe, qShift Flush with a minimum of 2 mL Sterile Saline
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS Bolus)	250 mL, IV Infusion, Now
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection (LR Bolus)	250 mL, IV Infusion, Now
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection	150 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9%	100 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.45%	100 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> D5 1/2 NS (D51/2NS)	100 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> D51/2NS with KCL 20 mEq 1000 mL I.V.	100 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> NS with KCL 20 mEq 1000 mL I.V.	100 mL/hr, 1,000 mL, IV Infusion
<input type="checkbox"/>	<input checked="" type="checkbox"/> D5 with Sodium Bicarbonate 150 mEq/1000 mL I.V.	100 mL/hr, 1,000 mL, IV Infusion
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> NS with MVI 10 mL + Thiamine 100 mg + Folic Acid 1mg 1000 mL	10 mL, IV Infusion, Injection, Once, 200 mL/hr

## Powerplans Showcase:

### Your favorite Cardiovascular Drips:

Remember to review “Order Comments for hints on how to order starting rates, and also to use this area to put in any clinical instructions regarding the drip.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	diltiazem 100mg/NS 100mL I.V.	mg/hr, Titrate, Hold for SBP less than 90, Hold for HR less than 60, 100 mL, IV Infusion Starting dose = 5 mg/hr. Titrate to HR less than 100. Max rate = 15 mg/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	lidocaine 1 g / D5W 250 mL I.V.	mg/min, Titrate, 250 mL, IV Infusion Hemodynamically stable monomorphic VT: I.V.: Follow bolus with continuous infusion of 1-4 mg/minut
<input type="checkbox"/>	<input checked="" type="checkbox"/>	procainamide 2 g/D5W 500 mL I.V.	mg/min, Titrate, 500 mL, IV Infusion Hemodynamically stable monomorphic VT: I.V.: 1-1.5 mg/kg; repeat with 0.5-0.75 mg/kg every 5-10 min
Vasoactive Agents			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	norepinephrine 4 mg/D5W 500 mL I.V.	mcg/min, Titrate, 500 mL, IV Infusion Hypotension, acute: initial, Start at 2 mcg/min. Range from 2 - 12 mcg/min IV and observe response; ac
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOPamine 400 mg/D5W 500 mL I.V.	mcg/kg/min, Titrate, 500 mL, IV Infusion Bradycardia, acute symptomatic: 2 to 10 mcg/kg/min IV and titrate to response (Micromedex Online !
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOBUTamine 250 mg/D5W 250 mL I.V.	mcg/kg/min, Titrate, 250 mL, IV Infusion Decreased cardiac output/Heart Failure: Initial: 0.5 to 1 mcg/kg/min IV Maintenance: 2 to 40 mcg/kg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPINEPHrine 1mg / NS 500 mL I.V.	mcg/min, Titrate, 500 mL, IV Infusion Bradycardia, Acute symptomatic: 2 to 10 mcg/min IV and titrate to response (Micromedex Online 5/20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHENYLEphrine 10 mg/NS 250 mL I.V.	mcg/min, Titrate, 250 mL, IV Infusion Initial Dose = 100 mcg/min Maintenance Dose = 40 mcg/min
Natriuretic Peptide, B-type, Human			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	nesiritide 1.5 mg/D5W 250 mL I.V.	Starting Rate = 0.01 mcg/kg/min, Titrate, 250 mL, IV Infusion Bolus dose 2 mcg/kg given over 60 seconds, followed by infusion 0.01 mcg/kg/min. Give Bolus from B
Beta Blocker			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	labetalol 300mg / NS 300 mL I.V.	Starting Rate = 2 mg/min, Titrate, 300 mL, IV Infusion Hypertension (Severe): Slow continuous infusion Administer 200 mL of solution containing 1mg/mL labeta
Calcium Channel Blockers			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	niCARdipine 25mg/D5W 250mL I.V.	Starting Rate = 5 mg/hr, Titrate, 250 mL, IV Infusion Hypertension: Initial: 5 mg/hr IV infusion Titrate 2.5 mg/hr every 5 min (rapid titration) to 15 min (gradual

## Powerplans Showcase:

You favorite Cardiovascular Diagnostic Orders,  
made into a powerplan.

ED Cardiovascular Diagnostic -OLL (Initiated Pending)		
Admit/Transfer/Discharge		
<input type="checkbox"/>		OLL - ED - Anticoagulation Mini-Set
<input type="checkbox"/>		Resuscitation Status
Vital Signs		
<input type="checkbox"/>		Vital Signs w/Pulse O <sub>2</sub>
<input type="checkbox"/>		Neuro Check
<input type="checkbox"/>		Orthostatic Vital Signs
<input type="checkbox"/>		Warming/Cooling Blanket
Diet		
<input type="checkbox"/>		NPO
Nursing Orders		
<input checked="" type="checkbox"/>		Cardiac Monitor
<input type="checkbox"/>		Central Venous Line Insertion
<input type="checkbox"/>		End Tidal Carbon Dioxide Monitoring (EtCO <sub>2</sub> )
<input type="checkbox"/>		Nasogastric/Orogastric Tube Insertion
<input checked="" type="checkbox"/>		Pulse Oximetry
<input type="checkbox"/>		POC Blood Glucose
<input type="checkbox"/>		Urinary Intermittent Catheterization (Straight Cath)
<input type="checkbox"/>		Urinary Catheter Insertion
<input type="checkbox"/>		POC Urine Pregnancy Test hCG
<input type="checkbox"/>		POC Urine Dipstick
<input type="checkbox"/>		Communication Order
<input type="checkbox"/>		Communication Order
<input type="checkbox"/>		Communication Order

Nitrates	
	Reminder: Caution administration c
<input type="checkbox"/>	nitroglycerin 50 mg / D5w 500 mL
Medications	
<input type="checkbox"/>	adenosine
Platelet Aggregation Inhibitors	
<input type="checkbox"/>	aspirin
<input type="checkbox"/>	clopidogrel (Plavix)
<input type="checkbox"/>	clopidogrel (Plavix)
Nitrates	
	Reminder: Caution administration c
<input type="checkbox"/>	nitroglycerin (Nitro-Bid 2% topical c
<input type="checkbox"/>	nitroglycerin (Nitrostat 0.4 mg subli
Beta Blockers	
<input type="checkbox"/>	metoprolol (metoprolol tartrate 1 mg
Anticholinergics	
<input type="checkbox"/>	atropine
Laboratory	
Cardiac Markers	
<input type="checkbox"/>	Creatine Kinase (CK)
<input checked="" type="checkbox"/>	Troponin I

Chemistry	
<input type="checkbox"/>	C Reactive Protein (CRP)
<input type="checkbox"/>	Lactic Acid Level (Lactate)
<input type="checkbox"/>	Magnesium Level
<input type="checkbox"/>	Thyroid Stimulating Hormone
<input type="checkbox"/>	BNP
Chemistry Panels	
<input type="checkbox"/>	Basic Metabolic Panel (BM
<input type="checkbox"/>	Comprehensive Metabolic P
Hematology	
<input checked="" type="checkbox"/>	CBC with Diff
<input type="checkbox"/>	D Dimer
<input type="checkbox"/>	Prothrombin Time with INR
<input type="checkbox"/>	APTT (PTT)
Therapeutic Drugs/Toxicology	
<input type="checkbox"/>	Digoxin Level
<input type="checkbox"/>	Rapid Drug Screen (Urine I
Urine Studies	
<input type="checkbox"/>	Urinalysis w/ reflexive micro
Radiology	
<input type="checkbox"/>	CT Head or Brain w/o Cont
<input type="checkbox"/>	XR Chest 1 View
<input type="checkbox"/>	XR Chest 2 Views
Cardiology	
<input type="checkbox"/>	ECG (EKG)
<input type="checkbox"/>	Cardiac Echocardiogram (E

## Powerplans Showcase:

You favorite Abdominal Pain Diagnostics and Treatment Orders, made into a powerplan.

ED Abdominal Pain-OLL (Initiated Per)		Seroology		For Glucose Stabilizer, or		Creatine Kinase (CPK)	
<input type="checkbox"/> Admit/Transfer/Discharge	<input type="checkbox"/> Resuscitation Status	<input type="checkbox"/> Helicobacter pylori Antibody	<input type="checkbox"/> RPR	<input type="checkbox"/> insulin regular (NovoLIN F	<input type="checkbox"/> insulin regular (NovoLIN F	<input type="checkbox"/> Troponin I	
<input type="checkbox"/> Vital Signs	<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> Lyme Antibodies IgG & IgM	<input type="checkbox"/> Stool Studies	<input type="checkbox"/> Analgesics: Opioids	<input type="checkbox"/> morphine	<input type="checkbox"/> Acetone Serum	
<input type="checkbox"/> Vital Signs w/Pulse OX	<input type="checkbox"/> Diet	<input type="checkbox"/> Clostridium difficile Toxin A & E	<input type="checkbox"/> Culture Stool	<input type="checkbox"/> fentaNYL	<input type="checkbox"/> HYDROMORPHONE (Dilaudid)	<input type="checkbox"/> Amylase Level	
<input checked="" type="checkbox"/> NPO	<input type="checkbox"/> Nursing Orders	<input type="checkbox"/> Fecal Leukocyte Stain	<input type="checkbox"/> Occult Blood Diagnostic (Stool)	<input type="checkbox"/> Anti-pyretics/Analgesics	<input type="checkbox"/> acetaminophen	<input type="checkbox"/> Beta hCG Quant	
<input type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> CIWA-Ar Assessment	<input type="checkbox"/> Giardia Antigen EIA Stool	<input type="checkbox"/> Therapeutic Drugs/Toxicology	<input type="checkbox"/> acetaminophen	<input type="checkbox"/> ibuprofen	<input type="checkbox"/> C Reactive Protein (CRP)	
<input type="checkbox"/> Pelvic Exam	<input type="checkbox"/> Nasogastric/Orogastric Tube	<input type="checkbox"/> Digoxin Level	<input type="checkbox"/> Ethanol Level (ETOH)	<input type="checkbox"/> ketorolac		<input type="checkbox"/> Lactate Dehydrogenase (LDH)	
<input type="checkbox"/> Urinary Intermittent Catheterization	<input type="checkbox"/> Strain All Urine	<input type="checkbox"/> Phenytoin Level Total	<input type="checkbox"/> Carbamazepine Level (Tegretol)	<input type="checkbox"/> Antiemetics	<input type="checkbox"/> diphenhydramine	<input type="checkbox"/> Lactic Acid Level	
<input type="checkbox"/> POC Blood Glucose	<input type="checkbox"/> POC Urine Pregnancy Test hCG (POC)	<input type="checkbox"/> Urine Studies	<input type="checkbox"/> Urinalysis w/ reflexive microsc	<input type="checkbox"/> ondansetron	<input type="checkbox"/> prochlorperazine	<input type="checkbox"/> Lipase (Lipase Level)	
<input type="checkbox"/> Urinary Catheter Insertion	<input type="checkbox"/> IV Solutions	<input type="checkbox"/> Culture Urine	<input type="checkbox"/> Radiology	<input type="checkbox"/> prochlorperazine	<input type="checkbox"/> promethazine	<input type="checkbox"/> Magnesium Level	
<input type="checkbox"/> Saline Lock Insertion	<input type="checkbox"/> sodium chloride (Normal Saline)	<input type="checkbox"/> CT Abd/Pelvis w/ + w/o Contrast	<input type="checkbox"/> CT Abd/Pelvis w/o Contrast	<input type="checkbox"/> metoclopramide	<input type="checkbox"/> Anti-ulcer agents	<input type="checkbox"/> Phosphorus Level	
<input type="checkbox"/> Sodium Chloride 0.9% (NS Bolus)	<input type="checkbox"/> Sodium Chloride 0.9%	<input type="checkbox"/> XR Abdomen Series w/ Chest	<input type="checkbox"/> XR Abdomen AP	<input type="checkbox"/> famotidine	<input type="checkbox"/> Medications: Other Supportive	<input type="checkbox"/> Chemistry Panels	
<input type="checkbox"/> Lactated Ringers Injection (LR)						<input type="checkbox"/> Basic Metabolic Panel (BMP)	
						<input type="checkbox"/> Comprehensive Metabolic Panel	
						<input type="checkbox"/> Hematology	
						<input type="checkbox"/> CBC with Diff	
						<input type="checkbox"/> Prothrombin Time with INR (PT)	
						<input type="checkbox"/> APTT (PTT)	
						<input type="checkbox"/> Microbiology	
						<input type="checkbox"/> Culture Blood	
						<input type="checkbox"/> Culture Blood	
						<input type="checkbox"/> Neisseria gonorrhoeae DNA P	
						<input type="checkbox"/> Wet Prep	
						<input type="checkbox"/> Seroology	
						<input type="checkbox"/> Helicobacter pylori Antibody	

## Powerplans Showcase:

### Neuro Code with ORDERS—prechecked for you. Diagnostics and Treatment Orders included.

<b>ED Stroke / TIA - OLL (Initiated Pe</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bedside Swallow Nursing Asse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	aspirin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Comprehensive Metab
<b>Admit/Transfer/Discharge</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac Monitor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	aspirin-dipyridamole (aspirin-dipyridamole capsule, extended release)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hematology
<b>Resuscitation Status</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NIH Stroke Scale	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thienopyridines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avoid the routine order
<b>Vital Signs</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POC Blood Glucose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	clopidogrel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CBC with Diff
<b>Vital Signs w/Pulse O<sub>2</sub></b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Seizure Precautions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with cerebrovascula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prothrombin Time with
<b>Vital Signs w/Pulse O<sub>2</sub></b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>IV Solutions</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with noncardioembo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	APTT (PTT)
<b>Neuro Check</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLL - ED IV Fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with acute ischemic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urine Studies
<b>Neuro Check</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	niCARdipine 25mg/D5W 250m	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Antihypertensives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urinalysis w/ reflexive
<b>Notify Provider</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Medications</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with hypertension an	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rapid Drug Screen (U
<b>Notify Provider</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLL - Subcutaneous Insulin St	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with chronic kidney dise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Culture Urine (Urine Cu
<b>Notify Provider</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLL - ED Analgesia, Antipyretic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For patients who are not candida	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Radiology
<b>Notify Provider</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with a contraindica	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220 mm Hg or diastolic BP great	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT Head or Brain w/o
<b>Notify Provider</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For patients with acute stroke a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	labetalol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT Head or Brain w/ C
<b>Activity</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avoid short-acting NIFE dipine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Laboratory</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CT Head or Brain w/ +
<b>Bedrest</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avoid the routine use of vitamin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Bank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Brain w/o Contras
<b>Up to Bedside Commode</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do not use streptokinase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac Markers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Brain w/ + w/o C
<b>Elevate Head of Bed</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Evidence for the use of cortico	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Troponin I	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XR Chest 1 View
<b>Diet</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Evidence to support the routine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Chemistry</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XR Chest 2 Views
<b>For CVA Patient: must be ke</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For postmenopausal women, dc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Order Hemoglobin A1C if patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiology
<b>For TIA Patient</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke Prophylaxis: Salicylates,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hemoglobin A1c	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ECG (EKG)
<b>NPO</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Salicylates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnesium Level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consults
<b>General Diet (Regular Diet)</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Aspirin should be administered u	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Chemistry Panels</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Neurology
<b>Cardiac Diet</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Platelet Inhibitors: 1) Avoid the	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Basic Metabolic Panel (BMP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Neurology
<b>Nursing Orders</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	onset	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comprehensive Metabolic Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Respiratory Therapy
<b>Communication Order</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Oxygen
<b>Aspiration Precautions</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## Powerplans Showcase:

**Intubation Orders — pre/post intubation meds built. With post intubation orders present. Diagnostics and Treatment Orders included.**

Nursing Orders	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Aspiration Precautions
<input type="checkbox"/>	<input checked="" type="checkbox"/> Bedrest
<input type="checkbox"/>	<input checked="" type="checkbox"/> Elevate Head of Bed
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nasogastric/Orogastric Tube Insertion
<input type="checkbox"/>	<input checked="" type="checkbox"/> Gastric Lavage
<input type="checkbox"/>	<input checked="" type="checkbox"/> Select BOTH items for restraint application
<input type="checkbox"/>	<input checked="" type="checkbox"/> Restraint Nonviolent NOT Self-Destruct
<input type="checkbox"/>	<input checked="" type="checkbox"/> Restraint Monitoring Nonviolent NOT
IV Solutions	
Ongoing Sedation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> propofol 500 mg / 50 mL I.V.
Ongoing Neuromuscular Blockade	
<input type="checkbox"/>	<input checked="" type="checkbox"/> vecuronium 100 mg/NS 100 mL I.V.
Medications	
Premedications	
<input type="checkbox"/>	<input checked="" type="checkbox"/> atropine
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine (lidocaine 2% prefilled syringe)
<input type="checkbox"/>	<input checked="" type="checkbox"/> fentanyl
<input type="checkbox"/>	<input checked="" type="checkbox"/> vecuronium

Sedatives	
<input type="checkbox"/>	<input checked="" type="checkbox"/> fentanyl
<input type="checkbox"/>	<input checked="" type="checkbox"/> midazolam
<input type="checkbox"/>	<input checked="" type="checkbox"/> ketamine
*DO NOT KETAMINE USE	
*Use with caution in head	
<input type="checkbox"/>	<input checked="" type="checkbox"/> etomidate
<input type="checkbox"/>	<input checked="" type="checkbox"/> propofol
Neuromuscular Blockers	
<input type="checkbox"/>	<input checked="" type="checkbox"/> rocuronium
<input type="checkbox"/>	<input checked="" type="checkbox"/> succinylcholine
<input type="checkbox"/>	<input checked="" type="checkbox"/> vecuronium
GI Prophylaxis	
<input type="checkbox"/>	<input checked="" type="checkbox"/> famotidine
<input type="checkbox"/>	<input checked="" type="checkbox"/> pantoprazole
Laboratory	
Blood Gases	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Arterial (ABG)
Radiology	
<input type="checkbox"/>	<input checked="" type="checkbox"/> XR Chest 1 View






























Laboratory	
Blood Gases	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Arterial (ABG)
Radiology	
<input type="checkbox"/>	<input checked="" type="checkbox"/> XR Chest 1 View
Respiratory Therapy	
Invasive Mechanical Ventilation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Document reason for Acute Mechanical
<input type="checkbox"/>	<input checked="" type="checkbox"/> For Tidal Volume please enter in 5 ml / k
<input type="checkbox"/>	<input checked="" type="checkbox"/> Intubate
<input type="checkbox"/>	<input checked="" type="checkbox"/> End Tidal Carbon Dioxide Monitoring (ETCO <sub>2</sub> )
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ventilator

Note: ventilator

## Powerplans Showcase:

Pain, nausea and fever management made easy.

**“ED Analgesia / Antipyretics & Anti-emetics”**

<input type="checkbox"/>  ketorolac	
<input type="checkbox"/>  ketorolac	<input type="checkbox"/>  prochlorperazine (Compazine)
	<input type="checkbox"/>  promethazine (Phenergan)
Analgesics: Combination Analgesics	Antihistamines
<input type="checkbox"/>  acetaminophen-hydrocodone (Norco)	<input type="checkbox"/>  diphenhydramine (Benadryl)
	<input type="checkbox"/>  hydroxyzine (Atarax)
<input type="checkbox"/>  acetaminophen-hydrocodone (Norco tablet)	Medications
<input type="checkbox"/>  acetaminophen-oxycodone (Percocet)	Analgesics: Non-Opioids
	 Maximum of 4,000 mg of acetaminophen daily from all sources.
	 Maximum acetaminophen of 2,000 mg per 24 hours for liver d
Analgesics: Opioids	<input type="checkbox"/>  acetaminophen
<input type="checkbox"/>  morphine	
<input type="checkbox"/>  fentanyl	<input type="checkbox"/>  acetaminophen
<input type="checkbox"/>  hydromorphone (Dilaudid)	<input type="checkbox"/>  ibuprofen
	<input type="checkbox"/>  ketorolac
Benzodiazepines	
<input type="checkbox"/>  lorazepam (Ativan)	<input type="checkbox"/>  ketorolac
<input type="checkbox"/>  lorazepam (Ativan)	
<input type="checkbox"/>  diazepam (Valium)	Analgesics: Combination Analgesics
<input type="checkbox"/>  diazepam (Valium)	<input type="checkbox"/>  acetaminophen-hydrocodone (Norco 5 mg-325 mg oral tablet)
Antiemetics	
<input type="checkbox"/>  metoclopramide (Reglan)	<input type="checkbox"/>  acetaminophen-hydrocodone (Norco 10 mg-325 mg oral tablet)
<input type="checkbox"/>  ondansetron (Zofran)	
<input type="checkbox"/>  ondansetron (Zofran)	<input type="checkbox"/>  acetaminophen-oxycodone (Percocet 5/325)