### Abdominal Pain
- **Nursing**: Med-lock IV, If unable to obtain urine sample within 30 minutes, then in & out cath
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, PT/PTT, AST, ALT, Alk Phos, GGT, T, Bili, Lipase, UA, serum BHCG (for females), any applicable drug levels (digoxin, seizure meds, etc…)
- **MEDS**: Diphenhydramine 50 mg IV x 1 or PO
- **Radiology**: None

### Allergic Reaction
- **Nursing**: Med-Lock IV
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, PT, PTT, INR, CK, CK-MB, Trop, 12-lead EKG.
- **MEDS**: Diphenhydramine 50 mg IV x 1 or PO, Prednisone 60 mg PO x 1 OR Solumedrol 125mg IV
- **Radiology**: None

### Chest Pain concern for ACS
- **Nursing**: Monitor, Pulse ox, Stat EKG (within 10 min of arrival), O₂ @ 2 L /min by NC, Med-lock IV
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, PT, PTT, INR, CK, CK-MB, Trop, 12-lead EKG.
- **MEDS**: NTG 0.4 mg SL q 5 minutes x 3 doses (hold if SBP < 90) - notify physician after 1st dose ASA 325 mg PO, unless contraindicated
- **Radiology**: CXR - PA & Lateral, Portable if pt is unstable or requires close monitoring. Indication: Chest Pain.

### Dyspnea
- **Nursing**: Monitor, Pulse ox, EKG (within 10 min), O₂ @ 2 L /min by NC, titrate to keep SaO₂ > 95%, Med-Lock IV
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, UA, urine pregnancy (if applicable), blood cultures x 2 if febrile
- **MEDS**: Acetaminophen 975 mg po x one dose if no Acetaminophen in the last 4 hours Motrin 600mg if pt has had tylenol
- **Radiology**: CXR - PA & Lateral, Portable if pt is unstable or requires close monitoring. Indication: Dyspnea

### Fever & Fever w/ immunocompromised patient
- **Adult**: Temp > 38 C orally; Mask patient if immunocompromised or if respiratory symptoms
- **Nursing**: If dialysis pt or immune compromised: Med-Lock IV, consider request for analgesia (contact physician)
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, Blood culture x 2 if febrile
- **MEDS**: Acetaminophen 975 mg po x one dose if no Acetaminophen in the last 4 hours Motrin 600mg if pt has had tylenol
- **Radiology**: CXR - PA & Lateral, Portable if pt is unstable or requires close monitoring. Indication: Eval for infiltrate.

### Flank Pain
- **Nursing**: Med-Lock IV, consider request for analgesia (contact physician)
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, UA with reflex cx
- **MEDS**: Serum BHCG
- **Radiology**: None

### Flu-Like s/s
- **Nursing**: Mask patient/droplet precaution
- **LABS**: Rapid Influenza PCR
- **MEDS**: None
- **Radiology**: None

### GI Bleed
- **Nursing**: Orthostatics VS, Med-Lock IV. If Tachycardic or Hypotensive start second IV site, IV NS 300 mL bolus, notify LIP. Save stool if available
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, PT/PTT, Type & Screen
- **MEDS**: None
- **Radiology**: None

### Hyperglycemia
- **Nursing**: Med-Lock IV. Notify LIP if POC glucose is Critical High.
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, serum acetone (if suspecting DKA), POC Glucose & UA, urine pregnancy (if applicable)
- **MEDS**: None
- **Radiology**: None

### Hypoglycemia
- **Nursing**: POC glucose: Give PO sugar, juice, cola if patient is able, Med-Lock IV. Notify LIP
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, Mg, Drug Levels (If applicable), POC Glucose & UA, urine pregnancy (if applicable)
- **MEDS**: D50 25 Gms IV if BS < 60 mg/dl (and unable to take PO sugar) or symptomatic
- **Radiology**: None

### Mental Status Change
- **Nursing**: Pulse ox, Monitor, Med-Lock IV, EKG, notify LIP. If unable to obtain urine sample within 30 minutes then in & out cath
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Gluc, Mg, Drug Levels (If applicable), POC Glucose, UA with reflex cx, urine pregnancy (if applicable)
- **MEDS**: None
- **Radiology**: None

### Psychiatric Complaint
- **Nursing**: Precaution hold if Hi/SI
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, BUN, Creat, Glu, AST, ALT, Alk Phos, GGT, T, Bili, Lipase, TSH, CA++, Alcohol screen, Drug levels (If applicable) UA, Urine Tox, urine pregnancy for females 18-65. If overdose suspected: Acetaminophen & Salicylate level
- **MEDS**: None
- **Radiology**: None

### Seizure
- **Nursing**: Med-Lock IV
- **LABS**: CBC, Na⁺, K⁺, Cl⁻, CO₂, BUN, Creat, Glu, Ca, Mg, Phos, Applicable drug levels (carbamazepine, phenytoin, valproic acid), POC glucose, EKG, UA with reflex cx, urine pregnancy (if applicable)
- **MEDS**: None
- **Radiology**: None

### Universal Standards: For any vital signs outside of normal limits or on Registered Nurse judgement:
- Pulse Ox, Monitor, Med-lock, O₂ as needed to maintain S₉O₂ > 92%, immediate MD contact
- Adult Tdap (or equivalent) for patients <65 years old with last immunization > 5 years ago - if no contraindications
- For any known or newly-diagnosed pregnant patient, obtain OB/Gyn consultation prior to any operative or interventional procedure.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment and Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Back Pain</strong></td>
<td>For pain &gt; 4/10: 600 mg ibuprofen PO x 1, unless contraindicated</td>
</tr>
<tr>
<td><strong>Ankle Pain</strong></td>
<td>Ice and elevate</td>
</tr>
<tr>
<td><strong>Foot Pain</strong></td>
<td>Ice and elevate</td>
</tr>
<tr>
<td><strong>Knee Pain</strong></td>
<td>Ice and elevate</td>
</tr>
<tr>
<td><strong>Extremity Pain w/ suspected fracture</strong></td>
<td>Ice and elevate</td>
</tr>
<tr>
<td><strong>Laceration</strong></td>
<td>Material to bedside - mayo stand, laceration tray, betadine, 500 mL normal saline, 60 mL syringe, zero-wet, sterile bowl, 4x4, 1% lidocaine, antibiotic ointment, 10 mL syringe, 25 gauge needle, 18 gauge needle, sterile gloves</td>
</tr>
<tr>
<td><strong>Sepsis - Possible</strong></td>
<td>BP &lt; 90mmHg or two of the following: T &gt; 38 C or &lt; 36 C; HR &gt; 90; RR &gt; 20 Move pt to non-hallway bed, NS 1 L IV bolus if no history of heart failure or on dialysis. Notify RT to run POC blood</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>Monitor, Pulse ox, Med-Lock IV, EKG</td>
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<tr>
<td><strong>Syncope</strong></td>
<td>EKG, orthostatics, Implement chest pain orders if suspicion for ACS</td>
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<tr>
<td><strong>Throat Pain</strong></td>
<td>Rapid group a strep</td>
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<tr>
<td><strong>Urinary Symptoms</strong></td>
<td>If unable to obtain urine sample within 30 minutes then consider in &amp; out cath</td>
</tr>
<tr>
<td><strong>Vaginal Bleeding</strong></td>
<td>Orthostatics, Med-Lock IV if significant bleeding (&gt;1 pad/hour), Place pt in pelvic room, set up for pelvic exam</td>
</tr>
<tr>
<td><strong>Vomiting / Diarrhea</strong></td>
<td>Orthostatics, Med-Lock IV if symptoms &gt; 4 hours or currently vomiting, hold stool if obtained</td>
</tr>
<tr>
<td><strong>Wheezeing</strong></td>
<td>Pulse ox, Monitor if HR &gt; 100, ask MD about IV</td>
</tr>
<tr>
<td><strong>Emergency Pulseless arrest</strong></td>
<td>Activate Code Blue or ED code, check pulse, perform CPR, open airway, provide 2 breaths via BVM. If VT or VF defibrillate at 120J as soon as possible. Resume CPR for 2 min- administer epinephrine, identify rhythm (VT or VF- defibrillated at 150J). Continue CPR until ED or Code Blue team arrices.</td>
</tr>
<tr>
<td><strong>Emergency Unstable Bradycardia w/ pulse (HR &lt;60)</strong></td>
<td>Activate Code Blue or ED code, open airway, O2 via NRB mask or provide 2 breaths via BVM if not breathing, check pulse, identify rhythm &amp; sx that make pt unstable. Prepare for trancutaneous pacing and initiate at rate of 70 BPM if patient remain unstable</td>
</tr>
</tbody>
</table>