CHEO

CHAMPLAIN LHIN VERSION

PHYSICIAN ORDERS
FOR
DIARRHEA & VOMITING IN THE EMERGENCY DEPARTMENT

Patient Identification

Weight: _____ kg Height: _____cm Allergies: _____

Initial on all lines applicable

_____Start "*Diarrhea and Vomiting Critical Pathway in the Emergency Department*" if not already done as per medical directive

- Contact precautions as per Infection Control

TESTS:

_____Bag or midstream urine for routine point-of-care testing. Send for microscopy if dip positive for nitrites, leukocytes or blood

_____ If R&M positive for nitrites or leukocytes send a midstream urine for C&S

_____Catheter urine for R&M and C&S if unable to obtain midstream urine

_____Bloodwork (Na / K / CL / Urea / Creatinine / Glucose / Venous Gas). (*Circle items selected)*

_____Other:_____

MEDICATION:

_____**Ondansetron**_____ mg (0.15 mg/kg/dose, MAX 8 mg) PO/IV x 1 dose **OR**

_____**Ondansetron Oral Dissolve Tablet**_____mg PO (2 mg: 8 kg to less than or equal to 15 kg, 4 mg: greater than 15 kg to less than or equal to 30 kg, 8 mg: greater than 30 kg

_____Other:_____

HYDRATION/NUTRITION:

_____Oral rehydration solution as per medical directive (if not already started)

_____Oral rehydration solution_____ mL q_____

_____IV bolus 0.9% NaCl_____ mL over_____minutes (_____ mL/kg)

_____After IV bolus, run IV D5W 0.9% NaCl at _____ mL/hour

_____Insert Nasogastric tube for rehydration

_____Chest X-ray to confirm nasogastric tube placement

_____Oral rehydration solution via nasogastric tube at_____ mL/hr

_____Other:_____

CONSIDER TRANSFER FOR:

- Hemodynamic instability with or without mental status changes
- Failure to improve
- Severe dehydration and unable to obtain IV access
- Call CritiCall (1-800-668-4357) if considering ICU admission for hemodynamic instability etc

_____	_____	_____
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME
_____	_____	_____
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME