

Premier Health Partners

Patient Name: _____, _____
LAST FIRST MIDDLE

Allergies: _____

Date: ___/___/___ Time: _____ **Place Patient Label Here**

Procedure Scheduled for: ___/___/___ At: _____

MVH ED NEEDLESTICK/POST EXPOSURE PROPHYLAXIS ORDERSET [88]

Diagnostic Labs for exposed patient:

Labs

<input type="checkbox"/> HIV 1, 2 Screen	STAT, NOW, Starting S For 1 Occurrences, Lab Collect
<input type="checkbox"/> Hepatitis B Antibody	STAT, NOW, Starting S For 1 Occurrences, Lab Collect
<input type="checkbox"/> Hepatitis C Antibody	STAT, NOW, Starting S For 1 Occurrences, Lab Collect

Baseline Labs if Starting PEP:

Labs

<input type="checkbox"/> Hepatic Function Test	STAT, NOW, Starting S For 1 Occurrences, Lab Collect
<input type="checkbox"/> CBC with Differential	STAT, NOW, Starting S For 1 Occurrences, Lab Collect
<input type="checkbox"/> BMP	STAT, NOW, Starting S For 1 Occurrences, Lab Collect
<input type="checkbox"/> UA	STAT, NOW, Starting S For 1 Occurrences, Clinician Collect, URINE, If unable to obtain a clean catch specimen, may mini cath patient
<input type="checkbox"/> Urine HCG if a female	STAT, NOW, Starting S For 1 Occurrences, Clinician Collect, URINE

Medications

Medications

<input type="checkbox"/> Emtricitabine-Tenofovir (TRUVADA) / Raltegravir (ISENRESS)	"And" Linked Panel
<input type="checkbox"/> Truvada (Basic Regimen) 300/200, 1 tablet	1 Tab, Oral, NOW Starting S For 1 Doses
<input type="checkbox"/> Raltegravir (ISENRESS) 400 mg, 1 tablet	400 mg, Oral, NOW Starting S For 1 Doses

Nursing

Tetanus

<input type="checkbox"/> diphtheria,pertussis,tetanus (ADACEL) 0.5 ml IM (adult booster 11-64 years)	0.5 mL, Intramuscular, VACCINE For 1 Doses
<input type="checkbox"/> diphtheria-tetanus toxoid (DECAVAC)(2-3 trimester:7-10 yrs makeup:>64 yrs) 0.5ml	0.5 mL, Intramuscular, NOW Starting S For 1 Doses

Signature _____

Printed Physician Name: _____

Sent to Pharmacy _____ (initials/date/time)

HUC _____

Date/Time

RN _____

Date/Time