

**EMERGENCY DEPARTMENT ADULT
CLINICAL DECISION TOOL**
Nurse May Implement
Use with [CLI.5110.PL.002](#)

Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRN

Allergies: Unknown No Yes (describe) _____
Height (cm): _____ Weight (kg): _____

MEDICATIONS

The following orders are active until patient is seen by a prescriber/transferred/discharged. Users to apply CLI.5110.PL.002, CTAS and clinical judgement with use of this tool. Requires a check (V) for activation

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 325 to 1000 mg PO/PR 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
Maximum 4000 mg acetaminophen from all sources in 24 hours
 Ibuprofen 400 mg PO every 6 hours PRN
OR
 Ketorolac 15 mg IV/IM every 6 hours PRN (see NSAID contraindications above)

Cardiac Arrest:
Use defibrillator in AED (analyze) mode
 Epinephrine 1mg of 0.1mg/ml IV/IO every 3-5 minutes

Cardiac Chest Pain:
Refer to: [CLI.4510.SG.006](#) (Acute Coronary Syndrome), and **initiate** black boxes on [CLI.4510.SG.006.FORM.01](#) (Acute Coronary Syndrome (ACS) Suspected Standard Orders)
 ASA 160mg oral chew tab once (if not already taken)

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)
 Ondansetron 4 to 8 mg PO/IV/IM every 8 hours PRN

Shortness of Breath:
For mild to moderate respiratory distress with wheezing:
 Salbutamol MDI (100 mcg/puff) 4 to 8 puffs via spacer (may repeat every 20 minutes up to 3 times)
For moderate to severe respiratory distress with wheezing, **add:**
 Ipratropium MDI (20 mcg/puff) 4 puffs via spacer (may repeat every 20 minutes up to 3 times)
For wheezing in patient with a history of COPD:
 Salbutamol MDI (100 mcg/puff) 4 to 8 puffs via spacer (may repeat every 1 hour up to 3 times) **AND**
Ipratropium MDI (20 mcg/puff) 4 puffs via spacer (may repeat every 20 minutes up to 3 times)

Allergic Reactions:
For anaphylaxis, **initiate** black boxes on page 1 [CLI.5110.SG.009.FORM.01](#) (Anaphylaxis Standard Orders)

For cutaneous symptoms in the absence of respiratory symptoms:
 Cetirizine 10 mg PO once

Lacerations:
Refer to [CLI.4510.SG.003](#) (Topical Skin Adhesive Guideline) and [CLI.4510.SG.003.SD.01](#) (Care Following Topical Skin Adhesive)

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.

Nurse or Prescriber Signature: _____
Order transcribed: Date: _____ Time: _____
Initials: _____

Date: _____ Time: _____
Fax/Scan to Pharmacy: Date: _____ Time: _____
Initials: _____



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MEDICATIONS CONTINUED

Signs of Stroke: Initiate [CLI.4110.PL.013.FORM.01](#) Acute Stroke Care Map for Emergency Departments at Non-Stroke Centres

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 ERS)

Opioid Toxicity Management

- Naloxone 0.4mg IV/IM for respiratory rates less than 8 breaths per minute (may repeat every 2 to 3 minutes PRN)

Gastroesophageal Reflux/Dyspepsia/Indigestion:

Excludes patients with known renal insufficiency. Consider ACS protocol for all patients. Separate by 2 hours from levothyroxine and certain antibiotic medications.

- Aluminum Hydroxide 153mg/5mL & Magnesium Carbonate 200mg/5 mL (antacid) suspension 15 to 30 mL PO q4h PRN (max 3 doses/24hours)
OR
- Pink Lady oral suspension 30 mL PO once (15 mL viscous lidocaine 2% and 15-mL antacid suspension)
OR
- Calcium Carbonate 500mg chewable (Tums) 1 to 2 tabs PO up to QID PRN

GENERAL

Intravenous (IV):

- IV Normal Saline at 30mls/hr for any unstable patient
- Intraosseous (IO) to Normal Saline lock for nurses with certification
- EMLA cream-apply topically to skin 30 to 60 minutes prior to procedure

Treatments:

- Oxygen per non-rebreathe or nasal prongs to maintain oxygen saturations greater than 92% unless 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 (unless otherwise indicated), RN may order under Reserved Act 2 & 10(a-b) 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.) Indicate labs initiated: _____
- EKG for chest pain** - Refer to: CLI.4510.SG.006 (Acute Coronary Syndrome), [CLI.4510.SG.006.FORM.01](#) (Acute Coronary Syndrome (ACS) Suspected Standard Orders). May be performed by trained nurse when ED closed.
- 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: _____
- Rapid Strep
- Urinalysis
- Pregnancy test

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