



DATE ORDERED	TIME ORDERED	
		ALLERGIES:
		1. STAT Page Forensic Nurse Examiner On Call
		LAB ORDERS:
		2. <input type="checkbox"/> Serum Quantitative HCG (if still menstruating) (Cerner test #7105)
		3. <input type="checkbox"/> Gonorrhea and Chlamydia Probe (Cerner test #13297)
		<input type="checkbox"/> Anal <input type="checkbox"/> Oral <input type="checkbox"/> Urethral <input type="checkbox"/> Vaginal
		4. <input type="checkbox"/> Wet Prep for Trichomonas (Cerner test #2901)
		5. <input type="checkbox"/> POC Urinalysis
		6. <input type="checkbox"/> Hepatitis B Surface Antibody (if previously immunized against Hepatitis B)(Cerner test #8235)
		7. <input type="checkbox"/> Hepatitis Profile (HBS AG #8236, HBC AB #8232, HEP C AB #6924)
		8. <input type="checkbox"/> RPR (Cerner #8110)
		9. <input type="checkbox"/> HIV AB EIA (Cerner #8413)
		Additional Requirements if starting HIV Post-exposure Prophylaxis:
		10. Pretest Counseling and Consent Form
		11. CBC with Diff (Cerner #1001)
		12. Liver Profile (HEPATIC PANEL Cerner #10031)
		13. BMP, Lipase (Basic Pnl #6707, Lipase #6887)
		MEDICATIONS (if positive pregnancy test, check with MD for order changes):
		14. Gonorrhea prophylaxis:
		<input type="checkbox"/> Ceftriaxone (Rocephin) 125 mg IM one dose Now
		OR <input type="checkbox"/> Cefixime (Suprax) 400 mg PO one dose Now
		If allergic to Penicillin or cephalosporins: <input type="checkbox"/> Azithromycin (Zithromax) 1 gm PO one dose Now
		15. Chlamydia prophylaxis:
		<input type="checkbox"/> Azithromycin (Zithromax) 1 gm PO one dose Now
		If allergy to Macrolides: <input type="checkbox"/> Doxycycline 100mg one dose now and obtain prescription
		For Doxycycline 100mg PO twice daily for 7 days
		16. <input type="checkbox"/> Trichomoniasis prophylaxis:
		<input type="checkbox"/> Metronidazole (Flagyl) 2 gm PO one dose now
		OR <input type="checkbox"/> Metronidazole (Flagyl) 500 mg PO one dose now and obtain prescription for
		Metronidazole (Flagyl) 500 mg PO twice daily for 7 days

PLEASE NOTE:

1. Use Ball Point Pen.
2. To omit an order, draw a line through it.
3. All orders with blanks must be filled in or a line drawn through to omit.
4. Orders with option boxes () must have a check mark (✓) in The desired box to be transcribed.
5. Do not alter preprinted orders or previous orders. Changes must be written as a new order.
6. Indicate the date and time order is written.

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		17. <input type="checkbox"/> Candidiasis treatment:
		<input type="checkbox"/> Fluconazole (Diflucan) 150 mg PO one dose now if pregnancy test is negative
		18. <input type="checkbox"/> Hepatitis B prophylaxis:
		<input type="checkbox"/> H-BIG 0.06mL/kg deep IM one dose now
		<input type="checkbox"/> Hepatitis B vaccine 20 mcg IM in deltoid one dose now
		19. <input type="checkbox"/> Pregnancy Prophylaxis (if pregnancy test is negative): Note: obtain consent first
		<input type="checkbox"/> Levonorgestrel (Plan B) 0.75mg one dose PO now and give starter pack for
		Levonorgestrel (Plan B) 0.75mg one dose PO 12 hours after first dose
		20. <input type="checkbox"/> Tetanus and Diphtheria 0.5mL IM in deltoid one dose now
		21. <input type="checkbox"/> Nausea or vomiting prophylaxis:
		<input type="checkbox"/> Promethazine (Phenergan) 25mg <input type="checkbox"/> PO <input type="checkbox"/> IM one dose now
		OR <input type="checkbox"/> Metoclopramide (Reglan) 10mg PO one dose now
		22. <input type="checkbox"/> HIV Prophylaxis Note: additional labs must be drawn
		<input type="checkbox"/> Regime one: Give one dose of each medication Now from Pharmacy Starter packs
		and obtain prescription for 25 more days of therapy for each medication
		Atazanavir (Reyataz) 300mg PO one dose Now and one dose daily for 27 more days
		Ritonavir (Norvir) 100mg PO one dose Now and one dose daily for 27 more days
		Tenofovir 300 mg Emtricitabine 200mg (Truvada) PO one dose Now and
		one dose daily for 27 more days
		OR IF CONTRAINDICATED AND NOT PREGNANT USE:
		<input type="checkbox"/> Regime two: Give one dose of each medication Now from Pharmacy Starter packs
		and obtain prescription for 25 more days of therapy for each medication
		Efavirenz (Sustiva) 600 mg PO one dose at bedtime then once daily for 27 more days
		Tenofovir 300 mg Emtricitabine 200mg (Truvada) PO one dose Now and
		one dose daily for 27 more days
		May give starter packs of any of the HIV Medications to the patient.

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