### Patient Evaluation Response Team (PERT) Orders

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<th>Date &amp; Time</th>
<th>Pharmacy Mnemonic: PERTORDS</th>
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This preprinted order set authorizes St. Dominic Hospital’s PERT Nurse to administer and carry out these orders.

1. **Lactic Acid on every patient - STAT**

2. Initiate Sepsis Screening Orders if signs and/or symptoms of sepsis: *(Any 2:)*
   - Glucose >120 without diabetes
   - Acute altered mental status
   - Oral Temp > 100.8°F
   - Temp <96.8°F
   - HR > 90
   - RR > 20
   - WBC > 12 or <4 or Bands >10%
   - ___________________________ MD/LIP notified of above signs and or symptoms of sepsis

3. Lab: CBC w/diff, PT, CMP, Accucheck, ABGs

4. ECG – Stat – if heart rate is abnormal or chest pain present

5. CXR – Stat – if shortness of breath

6. Place IV PRN.

7. Medication: 0.9% Sodium Chloride 500 ml bolus for hypotension
   - Narcan (naloxone) 0.4 mg IV push (repeat X 1 PRN) - *if patient has received narcotics or if narcotic overdose suspected.*
   - Romazicon (flumazenil) 0.2 mg IV push (repeat X 1 PRN) – *if patient has received benzodiazepines.*

8. Initiate Hypoglycemic Management Orders if the patient has signs/symptoms of hypoglycemia

9. O₂ via nasal cannula or face mask to keep SPO₂ ≥ 92%

10. Aquinox, BiPAP, CPAP to keep SPO₂ ≥ 92%

11. HHN UDA/UDP treatment x 2 then q4 hrs PRN wheezing.

12. Nasal airway and nasotracheal suction as needed to maintain airway integrity.

13. POET monitoring.

14. If ECG indicates new ST elevation > 1mm in two or more contiguous leads with ischemic symptoms (chest pain, shortness of breath, diaphoresis), call 2111 to activate Level 1 STEMI page. Give pt name and room number.

15. If patient has signs/symptoms of a stroke
   - a) call “0” and activate stroke alert to patient room number
   - b) immediately perform NIHSS (Stroke Scale)

This order set was approved and adopted by the St. Dominic Medical Executive Committee 03/02/2009.

Orderset revised, 6/16/14. Approved by Medical Staff & Cardiology

______________________________ ________________________________
Date Time Physician Signature

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**DOCTOR'S ORDERS**

***ST. DOMINIC-JACKSON MEMORIAL HOSPITAL***

***JACKSON, MISSISSIPPI***

**BOTTOM EDGE OF PATIENT LABEL**

REV 06/14; SD40-3