

attach patient label here



Physician Orders ADULT
Order Set: ED Initial Symptom-Nausea w/ Vomiting and/or Diarrhea Protocol Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Initial Orders

NOTE: If patient is known diabetic, order bedside glucose below

☐ Whole Blood Glucose Nsg (Bedside T;N, STAT, once Glucose Nsg)

☒ O2 Sat Spot Check-NSG T;N, STAT

☒ CBC T;N, STAT, once, Type: Blood, Nurse Collect

☒ Comprehensive Metabolic Panel (CMP) T;N, STAT, oc, Type: Blood, Nurse Collect

NOTE: If patient is a female of reproductive age and has not had a hysterectomy place one of the pregnancy screening orders below:

☐ Pregnancy Screen Urine Point of Care T;N

☐ Pregnancy Screen Urine T;N, STAT, once, Type: Urine, Nurse Collect

☐ Pregnancy Screen Serum T;N, STAT, once, Type: Blood, Nurse Collect

Date Time Physician's Signature MD Number

