

attach patient label here



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

[X] O2 Sat Spot Check-NSG T;N, Stat

[X] CBC T;N, STAT, once, Type: Blood, Nurse Collect

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

NOTE: If possibility of pregnancy, order one of below

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

[ ] Pregnancy Screen Urine Point of Care T;N, Stat, once

Date Time Physician's Signature MD Number

