

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)

☒ O2 Sat Spot Check-NSG T;N, Stat

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

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

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 T;N, Stat, once
Care

Date

Time

Physician's Signature

MD Number

ED Initial Symptom-Nausea w/ Vomiting
and/or Diarrhea -20528N-QM-0808 Ver4
090910

