

	D Standing Triage Syncope Phase					
Non Ca	ategorized  Criteria: Patiente with a history of transient less of consciouences and muscle tane (NOTE)*					
Vital Si	Criteria: Patients with a history of transient loss of consciousness and muscle tone.(NOTE)*					
_	Monitor and Record T,P,R,BP, per routine					
$\overline{\mathbf{Z}}$	Orthostatic Blood Pressure					
_	Stat					
Food/N	Nutrition					
$\overline{\mathbf{A}}$	NPO					
	Start at: T					
Patient	t Care					
$\overline{\mathbf{A}}$	Bedside Glucose Nsg					
	Stat					
$\overline{\mathbf{Z}}$	O2 Sat Spot Check-NSG					
	T;N, Stat, with vitals					
$\overline{\mathbf{Z}}$	Cardiopulmonary Monitor					
	T;N Stat, Monitor Type: CP Monitor					
	ostic Tests					
$\overline{\mathbf{Z}}$	EKG					
_	Start at: T;N, Priority: Stat, Reason: Syncope					
$\overline{\mathbf{Z}}$	Chest 2VW Frontal & Lat					
	T;N, Reason for Exam: Other, Enter in Comments, Stat, Wheelchair					
I ED E	Comments: Syncope					
	D Syncope Phase ategorized					
	-					
Patient	Powerplan Open					
ш	PO Challenge T;N, Stat					
П						
П	IV Insert/Site Care LEB Stat, q2h(std)					
ы	O2 Sat Monitoring NSG  q2h(std)					
Respira	atory Care					
	ISTAT POC (RT Collect)					
_	T;N Stat once, Test Select Arterial Blood Gas (DEF)*					
	T;N Stat once, Test Select Venous Blood Gas					
	Oxygen Delivery					





	Special Instructions: Titrate to keep O2 sat =/>92%. Wean to room air.					
	nuous Infusion					
Ш	Sodium Chloride 0.9% Bolus					
	20 mL/kg, Injection, IV, once, STAT, ( infuse over 15 min ), (Bolus) (DEF)					
	$\square$ 10 mL/kg, Injection, IV, once, STAT, ( infuse over 15 min ), (Bolus)					
	☐ 10 mL/kg, Injection, IV, once, STAT, ( infuse over 30 min ), (Bolus)					
	☐ 20 mL/kg, Injection, IV, once, STAT, ( infuse over 30 min ), (Bolus)					
	Sodium Chloride 0.9%					
_	1,000 mL, IV, STAT, mL/hr					
	. 20 1/2110					
	1,000 mL, IV, STAT, mL/hr					
	D5 1/4 NS					
	1,000 mL, IV, STAT, mL/hr					
ш	D5 1/2 NS KCI 20 mEq/L 1,000 mL, IV, STAT, mL/hr					
	D5 1/4 NS KCI 20 mEq/L					
_	1,000 mL, IV, STAT, mL/hr					
	ations					
	Dextrose 25% in water Syringe					
	4 mL/kg, Injection, IV Push, once, STAT, for central line use only Comments: Must dilute to 12.5% for peripheral line infusion					
	Dextrose 50% in water Syringe					
	2 mL/kg, Injection, IV Push, once, STAT, for central line use only Comments: Must dilute to 12.5% for peripheral line infusion					
	aspirin					
_	81 mg, Chew tab, PO, once, STAT					
	naloxone					
	0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose = 2 mg (DEF)*					
Labora	0.1 mg/kg, Ped Injectable, IM, once, STAT, Max dose = 2 mg					
	BNP					
	STAT, T;N, Type: Blood					
	BNP Pro					
_	STAT, T;N, Type: Blood					
	CMP					
	STAT, T;N, Type: Blood					
	Troponin-I STAT, T;N, Type: Blood					
	31Α1, 1,11, 1 μρε. <u>Β</u> 100α					





	Date	Time	Physician's Signature	MD Number		
_	JOH JUIL IV	io Cioup				
		Neurology Consult MD Group				
Ш	Consult M					
		Cardiology				
	Consult M					
_	Ilts/Notifica	ations/Referrals				
		T;N, STAT, Wheelchair				
	CT Brain/	CT Brain/Head WO Cont				
Diagno	ostic Tests					
ш	Pregnancy Screen Serum STAT, T;N, Type: Blood					
	If possibility of pregnancy, place order below:(NOTE)*					
	STAT, T;N, once, Type: Urine, Nurse Collect					
	Urinalysis	w/Reflex Microscopic Exam				
	LEB Tran	LEB Transfusion 4 Months of Age or Greater Plan(SUB)*				
	LEB Tran	sfusion Less Than 4 Months o	f Age Plan(SUB)*			
		STAT, T;N, Type: Blood				
	PTT	o, 1,11, 1,100. 21000				
П	PT	STAT, T;N, Type: Blood				
		STAT, T;N, Type: Blood				
	CBC					
	CPK	STAT, T;N, Type: Blood				
П		STAT, T;N, Type: Blood				
	CK Isoenzymes					

#### \*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription





SUB - This component is a sub phase, see separate sheet R-Required order

