



attach patient label here

Physician Orders ADULT
ED Triage Standing Seizure-New Onset Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
NOTE: Criteria for use: Active Seizure, Postictal State, Recent Seizure		
Triage Standing Orders		
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring-(ED Only))	T;N, STAT
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, STAT, q4day
<input type="checkbox"/>	Weight	T;N, STAT, attempt to get actual weight
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	Seizure Precautions	T;N, STAT
<input type="checkbox"/>	BMP	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Seizure, STAT, Stretcher
NOTE: If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect

_____	_____	_____	_____
Date	Time	Physician's Signature	MD Number

