



attach patient label here

Physician Orders ADULT
Order Set: ED Triage Standing Symptom
Screening 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: _____

Triage Standing Orders

Note: If the patient presents with suspected or known diabetes place orders below:

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

☐ Bedside Glucose (Nsg) T;N, STAT, once, Type: Blood, Nurse Collect

Note: If patient has Blood Sugar greater than 600 or too high to read place orders below:

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

☐ Beta-Hydroxybutyrate T;N, STAT, once, Type: Blood, Nurse Collect

Note: If patient presents with history of syncope and/or dizziness place order below:

☐ Electrocardiogram (EKG) Start at: T;N, Priority: STAT, Reason syncope/dizziness, Transport: Stretcher; Frequency: once

Note: If patient presents with erythema and increased warmth of the skin place orders below:

☐ Bedside Glucose (Nsg) T;N, STAT, once, Type: Blood, Nurse Collect

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

Note: If patient presents with cough and fever place orders below:

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

☐ Chest 2 VW Frontal & Lat T;N, Reason for Exam: Cough/Fever, STAT, Stretcher (Chest PA & Lat)

Note: If possibility of pregnancy place order below:

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

Note: If patient presents with dysuria or hematuria or hesitancy or oliguria place order below:

☐ Urinalysis w/Reflex Microscopic Exam T;N, STAT, once, Type: Urine, Nurse Collect

Note: If patient presents with symptoms of urinary retention, inability to void, and lower abdominal discomfort place order below:

☐ Indwelling Urinary Catheter T;N, Reason: Acute Retention or Neurogenic Bladder Insert -Follow Removal Protocol

Note: If patient presents with known recent DVT place orders below:

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

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

☐ Prothrombin (PT) T;N, STAT, once, Type: Blood, Nurse Collect

☐ Partial Thromboplastin Time (PTT) T;N, STAT, once, Type: Blood, Nurse Collect

Note: If patient presents with swelling and/or pain in calf place order below:

☐ US Ext Lower Ven Doppler T;N, Reason for Exam: Swelling/Pain in Calf, STAT, Stretcher w/Compress

Date

Time

Physician's Signature

MD Number

