



# Physician Orders ADULT

attach patient label here

## Title: ED Hx of Drug or Alcohol Withdrawal Orders

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site Care (INT Insert/Site Care)	T;N, STAT, q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring ED Only)	T;N, STAT
<input type="checkbox"/>	Seizure Precautions	T;N
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT
<b>Respiratory Care</b>		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N STAT once
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9% (Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9% 1000 mL + multivitamin (additive) 10 mL	1,000 mL, IV, STAT, Start: T;N, 41.67 mL/hr ( infuse over 24 hr )
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL, IV, STAT, 75 mL/hr
<b>Medications</b>		
<input type="checkbox"/>	glucose (Dextrose 50% in water Syringe)	50 mL, Injection, IV Push, once, STAT
<input type="checkbox"/>	thiamine	100 mg, Tab, PO, once, STAT
<input type="checkbox"/>	thiamine	100 mg, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	folic acid	1 mg, Tab, PO, once, STAT
<input type="checkbox"/>	folic acid	1 mg, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	magnesium sulfate	2 g, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	LORazepam	2 mg, Injection, IV Push, once, STAT





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Medications (Continued)		
<input type="checkbox"/>	haloperidol	5 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	metoclopramide	10 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	diazepam	10 mg, Tab, PO, once, STAT
<input type="checkbox"/>	famotidine	20 mg, Injection, IV Push, once, STAT
Laboratory		
<input type="checkbox"/>	Chem 8 Profile POC (UNIV only)	T;N, STAT
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Ammonia Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Hepatic Panel	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	STAT, T;N, once, Type: Blood, Nurse Collect
<b>If possibility of pregnancy, place order below:</b>		
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, STAT, Stretcher
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Confusion, STAT, Stretcher

Date	Time	Physician's Signature	MD Number
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