



attach patient label here

Physician Orders ADULT
Title: ED Hyperglycemia 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

<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,STAT,q4day
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, q1h(std)
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT, Reason: Other, specify, Hyperglycemia

NOTE: If possibility of pregnancy place order below:

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

Respiratory Care

<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N Stat once
<input type="checkbox"/>	ED ISTAT Point of Care (RT Collect)	T;N Stat once, Test Select Sodium Potassium Chloride BUN Creatinine, Preferred SpecimenType: Arterial

Continuous Infusions

<input checked="" type="checkbox"/>	Sodium Chloride 0.9% (Bolus)	1,000 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, (1 dose), 1,000 mL/hr
<input type="checkbox"/>	insulin R infusion	100 units / 100 mL, IV, STAT, mL/hr

Medications

<input type="checkbox"/>	insulin regular	10 units,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	potassium chloride	40 mEq, IV Piggyback, IV Piggyback, once, STAT





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Laboratory		
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	Time Study, q5min x 2 occurrence, Nurse Collect
<input type="checkbox"/>	Beta-Hydroxybutyrate	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, Stat
<input type="checkbox"/>	Alcohol Level	T;N, STAT, once, Type: Blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Stat, Stretcher
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Stat, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult (Consult MD)	T;N

Date

Time

Physician's Signature

MD Number