

attach patient label here



Physician Orders ADULT  
Order Set: ED Initial Dizziness 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: \_\_\_\_\_

**Initial Orders**

☒ Whole Blood Glucose Nsg (Bedside T;N, Stat, once  
Glucose Nsg)

**NOTE: If previous history of heart disease, place EKG order below:**

☐ Electrocardiogram (EKG) Start at: T;N, Priority: Stat Reason: Dizziness

Date

Time

Physician's Signature

MD Number

ED Initial Dizziness-20549-QM-0808-Ver4  
090910

