



**Physician Orders ADULT**  
**Order Set: ED Initial Seizure-Recurrent 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>Initial Orders</b>		
<input checked="" type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input checked="" type="checkbox"/>	Telemetry (Cardiac Monitoring)	T;N, Stat
<input checked="" type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input checked="" type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Stat, q4day
<input checked="" type="checkbox"/>	Weight	T;N, Stat, attempt to get actual weight
<input checked="" type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Stat, once
<input checked="" type="checkbox"/>	Seizure Precautions	T;N, Stat
<b>NOTE: If patient is taking any of the seizure medications listed below, place appropriate LEVEL orders:</b>		
<input checked="" type="checkbox"/>	Phenobarbital Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Valproic Acid Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Phenytoin Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input checked="" type="checkbox"/>	Carbamazepine Level	T;N, STAT, once, Type: Blood, Nurse Collect
<b>NOTE: If possibility of pregnancy place one of the orders below:</b>		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N, Stat, once

Date

Time

Physician's Signature

MD Number

