



attach patient label here

Physician Orders ADULT
Order Set: ED Initial Vaginal/Penile DC 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

NOTE: If patient is known diabetic, place order for bedside glucose below:

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

NOTE: If possibility of pregnancy, order one of below:

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

☐ Pregnancy Screen Urine Point of Care T;N, Stat, once

Date

Time

Physician's Signature

MD Number

ED Initial Vaginal or Penile Discharge-
20543-QM-0808-Ver3

