

attach patient label here



Physician Orders ADULT
Title: ED Seizure New Onset Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:	<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____	
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____	

Triage Standing Orders	
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<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Cardiac Monitoring-ED Only	T;N, STAT
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,STAT,q4day
<input type="checkbox"/>	Weight	T;N, STAT, attempt to get actual weight
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	Seizure Precautions	T;N, STAT
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	BMP	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Seizure, STAT, Stretcher

NOTE: If possibility of pregnancy order below:		
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<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
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Patient Care		
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<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input type="checkbox"/>	Restraint Medical/Surgical (non-violent, non-self-destructive)	T;N, STAT, Comments: Based on my assessment of the patient, I have concluded that Medical/Surgical (non-violent, non-self-destructive) restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.

ED Seizure New Onset Orders-20546-QM0808-
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