

attach patient label here



Physician Orders ADULT  
ED Triage Standing Symptoms of Nausea with Vomiting  
and/or Diarrhea 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: \_\_\_\_\_

NOTE: Criteria for use: Nausea and/or vomiting

**Triage Standing Orders**

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

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

O2 Sat Spot Check-NSG T;N, Stat

CBC T;N, STAT, once, Type: Blood, Nurse Collect

Comprehensive Metabolic Panel T;N, STAT, oc, Type: Blood, Nurse Collect  
(CMP)

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

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

Date Time Physician's Signature MD Number

ED Triage Standing Symptom-Nausea w  
Vomiting and or Diarrhea Orders 20528N-  
QM0313 Rev050719

