



attach patient label here

**Physician Orders ADULT
ED Triage Standing 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: _____	

NOTE: Criteria for use: Active Seizure, Postictal State, Recent Seizure

Triage Standing Orders	
<input type="checkbox"/> NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/> Telemetry (ED Only) (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"/> BMP	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/> Alcohol Level	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:	
<input type="checkbox"/> Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect

Date Time Physician's Signature MD Number

