



Physician Orders ADULT

Title: ED Triage Standing Seizure-Recurrent 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: Active Seizure, Postictal state, Recent Seizure

Triage Standing Orders

<input checked="" type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input checked="" type="checkbox"/>	Cardiac Monitoring-ED Only	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
NOTE: If patient is taking any of the seizure medications listed below, place appropriate LEVEL orders:		
<input type="checkbox"/>	Phenobarbital Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Valproic Acid Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Phenytoin Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Carbamazepine Level	T;N, STAT, once, Type: Blood, Nurse Collect
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

