**Physician Orders ADULT**  
**Title: ED Triage Standing Back Pain 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: Low back pain, flank pain.

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**Triage Standing Orders**

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

- [ ] Whole Blood Glucose Nsg (Bedside Glucose Nsg)  
  T;N, STAT, once, PRN  

- [X] O2 Sat Spot Check-NSG  
  T;N, STAT

- [X] CBC  
  T;N, STAT, once, Type: Blood, Nurse Collect

- [X] Urinalysis w/Reflex Microscopic Exam  
  T;N, STAT, once, Type: Urine, Nurse Collect

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

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

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Date: ___________________  
Time: ___________________  
Physician's Signature: ___________________  
MD Number: ___________________

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ED Triage Standing Back Pain Orders-20509N-QM0313-(QF0412)-Rev.081616