

attach patient label here



Physician Orders ADULT

Title: ED Triage Standing Hyperglycemia 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: Blood Glucose greater than 200mg/dL.

Triage Standing Orders

☐ Intermittent Needle Therapy T;N,STAT,q4day
Insert/Site (INT Insert/Site Care)

☐ O2 Sat Monitoring NSG T;N, STAT

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

☐ Whole Blood Glucose Nsg (Bedside T;N, Routine, q1h(std)
Glucose Nsg)

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

☐ Basic Metabolic Panel (BMP) T;N, STAT, once, Type: Blood, Nurse Collect

☐ Urinalysis w/Reflex Microscopic T;N, STAT, once, Type: Urine, Nurse Collect
Exam

☐ Electrocardiogram (EKG) Start at: T;N, Priority: STAT, Reason: Other, specify, Hyperglycemia

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 _____

