

attach patient label here



Physician Orders

Care Set: ED Triage Standing Abdominal Pain Female Orders

ADULT

[R] = will be ordered unless marked out.

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: Female, Abdominal pain, dysuria, hematuria, epigastric pain		
Triage Standing Orders		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,q4day
NOTE: If patient is known diabetic, place Bedside Glucose order below:		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Stat, once, PRN
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lipase Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lactic Acid Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic	T;N, STAT, once, Type: Urine, Nurse Collect
NOTE: If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	EKG	T;N, STAT, Reason for Exam: Chest Pain
NOTE: If patient is greater than 25 years of age order Troponin below:		
<input type="checkbox"/>	ED Troponin	T;N, STAT
<input type="checkbox"/>	Troponin-I	T;N, STAT

Date	Time	Physician's Signature	MD Number
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