

attach patient label here



Physician Orders ADULT
Title: EDTriage Standing Hypoglycemia 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: Blood Glucose less than 50mg/dL.		
Triage Standing Orders		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,STAT,q4day
NOTE: If known patient is known diabetic, place bedside order below:		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
NOTE: If the "Chem 8 Profile POC" iSTAT testing is available at your facility, order it below. If it is not available at your facility, order the CMP order below instead.		
<input type="checkbox"/>	Chem 8 Profile Point of Care	T;N
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	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
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