**Title:** ED Triage Standing Hypoglycemia 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 less than 50mg/dL.

### Triage Standing Orders

<table>
<thead>
<tr>
<th>Order Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent Needle Therapy</td>
<td>T;N, STAT, q4day</td>
</tr>
<tr>
<td>Whole Blood Glucose Nsg (Bedside)</td>
<td>T;N, STAT, once</td>
</tr>
<tr>
<td>CBC</td>
<td>T;N, STAT, once, Type: Blood, Nurse Collect</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>T;N, STAT, once, Type: Blood, Nurse Collect</td>
</tr>
<tr>
<td>Pregnancy Screen Serum</td>
<td>T;N, STAT, once, Type: Blood, Nurse Collect</td>
</tr>
</tbody>
</table>

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

**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.

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

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Date  
Time  
Physician's Signature  
MD Number