



attach patient label here

Physician Orders ADULT
Title: ED Triage Standing Flank 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: Abdominal Pain, Flank pain or pain radiating to flank area

Triage Standing Orders

☐ NPO Start at: T;N

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

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

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**

