



attach patient label here

**Physician Orders ADULT**  
**Title: EDTriage Standing Overdose Orders**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>	<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____	
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____	
<b>NOTE: Criteria for use: Intentional Drug Overdose, Unintentional drug overdose, Use of illicit and or recreational drugs.</b>	

Triage Standing Orders	
<input type="checkbox"/>	Seizure precautions T;N
<input type="checkbox"/>	Intermittent Needle Therapy T;N,STAT,q4day Insert/Site (INT Insert/Site Care)
<input type="checkbox"/>	O2 Sat Monitoring NSG T;N, STAT
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring - (ED Only)) T;N, STAT
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg) T;N, STAT, once
<input type="checkbox"/>	CBC STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP) STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Electrocardiogram (EKG) Start at: T;N, Priority: STAT
<b>NOTE: If possibility of pregnancy order below:</b>	
<input type="checkbox"/>	Pregnancy Screen Serum STAT, T;N, once, Type: Blood, Nurse Collect
<b>NOTE: If drug or substance is known, RN should check the appropriate screen. If UNKNOWN, refer immediately to LIP.</b>	
<input type="checkbox"/>	Alcohol Level STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Acetaminophen Level STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Salicylate Level STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Amphetamine Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Cocaine Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Barbiturate Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Opiate Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Benzodiazepine Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_

