



Physician Orders ADULT
Title: ED Seizure-Recurrent Orders

attach patient label here

[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: _____		
Triage Standing Orders		
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Cardiac Monitoring-ED Only	T;N, STAT
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, STAT, q4day
<input type="checkbox"/>	Weight	T;N, STAT, Attempt to get actual weight
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, STAT, once
<input type="checkbox"/>	Seizure Precautions	T;N, STAT
NOTE: If patient is taking any of the seizure medications listed below, place appropriate LEVEL orders:		
<input type="checkbox"/>	Phenobarbital Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Valproic Acid Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Phenytoin Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Carbamazepine Level	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
Patient Care		
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input type="checkbox"/>	Restraint Medical / Surgical (non- violent, non-self-destructive)	T;N, Type: _____, Reason: _____, Order Comment: Based on my assessment of the patient, I have concluded that Medical/Surgical (non- violent, non-self-destructive) restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.





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Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N Stat once
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, T;N, 75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, STAT, T;N, 75 mL/hr
Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Supp, PR, q6h, PRN Fever, STAT, T;N
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q6h, PRN Fever, STAT
<input type="checkbox"/>	glucose (Dextrose 50% in water Syringe)	50 mL, Injection, IV Push, once, STAT
<input type="checkbox"/>	LORazepam	2 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	fosphenytoin	18 mg/kg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	phenytoin	18 mg/kg, Cap, PO, once, STAT
<input type="checkbox"/>	PHENobarbital	97.2 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	PHENobarbital	100 mg, Injection, IV Piggyback, once, STAT, T;N
<input type="checkbox"/>	carbamazepine	200 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	levETIRacetam	500 mg, Tab, PO, once, STAT
<input type="checkbox"/>	thiamine	100 mg, Tab, PO, once, STAT, T;N
<input type="checkbox"/>	thiamine	100 mg, Injection, IV Piggyback, once, PRN If unable to take PO, STAT
Laboratory		
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, Stat
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Ammonia Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect

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Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Pain, Stat, Stretcher
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Pain, Stat
<input type="checkbox"/>	Spine Cerv 3VW	T;N, Reason for Exam: Trauma, Stat, Stretcher
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Seizure, Stat, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, Routine, Reason for Consult: Seizures

Date

Time

Physician's Signature

MD Number

ED Seizure Recurrent Orders-20507-QM0808
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