



Physician Orders ADULT
 Title: ED Psychiatric Symptom 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"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Drug Abuse Screen Urine	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Reason: Other, specify, Medical Clearance for Psych Eval
NOTE: If pt presents with current suicidal / homicidal thoughts, has attempted suicide within the last 6 months for which they are not being treated, or has any psychosocial indications assessed by the nurse which may indicate potential suicidal / homicidal tendencies then utilize the order below.		
<input type="checkbox"/>	One to One Observation	T;N, STAT
NOTE: If patient is known diabetic, place order for bedside glucose below:		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Stat
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"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Stat, q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Stat
<input type="checkbox"/>	Cardiac Monitoring (ED Only)	T;N, Stat
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 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% (Bolus)	1,000 mL, IV, Bolus, STAT, (for 1 dose), 1,000 mL/hr, T;N
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr, T;N
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, 75 mL/hr, T;N
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL, IV, STAT, 75 mL/hr, T;N

ED Psychiatric Symptoms Orders 20516-QM0808-
 (QF0412)-Rev.081616





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Medications		
<input type="checkbox"/>	LORazepam	1 mg, Injection, IM,once, STAT, T;N
<input type="checkbox"/>	LORazepam	1 mg, Injection, IV,once, STAT, T;N
<input type="checkbox"/>	haloperidol	2 mg, Injection, IM, once, STAT, T;N
<input type="checkbox"/>	haloperidol	2 mg, Injection,IV Push,once,STAT, T;N
<input type="checkbox"/>	thiamine	100 mg, Injection, IV Piggyback, once, STAT, T;N
Laboratory		
<input type="checkbox"/>	Magnesium Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lithium Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CK	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	STAT, T;N,
<input type="checkbox"/>	Salicylate 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"/>	D-Dimer Quantitative	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Valproic Acid Level (Depakene Level)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Hepatic Panel	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Portable
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, STAT, Stretcher
Consults/Notifications		
NOTE: Use consult order below to consult Neurology		
<input type="checkbox"/>	Physician Consult	T;N, STAT, Consult Who: _____, Reason for Consult: _____

Date **Time** **Physician's Signature** **MD Number**