

attach patient label here



Physician Orders ADULT
Order Set: ED Triage Standing Sickle Cell Pain/Pain or SOB w Hx Sickle Cell 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: Sickle Cell Disease, Joint pain, bone pain, muscle pain, headache, abdominal pain

Triage Standing Orders

Table with 2 columns: Order (checkbox), Description and Frequency. Includes orders for Intermittent Needle Therapy, O2 Sat Spot Check, Nasal Cannula, CBC, Reticulocyte Count, Basic Metabolic Panel, Type and Screen, and Pregnancy Screen Serum.

Date Time Physician's Signature MD Number

ED Triage Standing Sickle Cell Pain-Pain or SOB w Hx Sickle Cell Orders-20547N-QM0313 Rev.050719

