Methodist SM
Le Bonheur Healthcare

Physician Orders ADULT
Order Set: ED Dizziness Orders

[R] = will be ordered unless marked out.
T= Today; N = Now (date and time ordered)
Height: _____cm   Weight: _____kg

Allergies:	[ ] No known allergies
[ ]Medication allergy(s):_____	
[ ] Latex allergy [ ]Other:_____	

	Patient Care	
[ ]	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N, Stat, q4day
[ ]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Stat, once
[ ]	O2 Sat Monitoring NSG	T;N, Stat
[ ]	Orthostatic Blood Pressure	T;N, Stat
	Respiratory Care	
[ ]	Nasal Cannula (O2-BNC)	T;N Stat, 2 L/min, Special Instructions: titrate to keep O2 sat = /> 92%
[ ]	Non Rebreather Mask (Oxygen-Non Rebreather Mask)	T;N, 10 L/min, Special Instructions: Fi02 100%
	Continuous Infusions	
[ ]	Sodium Chloride 0.9%	500 mL, IV, STAT, (1 dose), 1,000 mL/hr
[ ]	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr
[ ]	Sodium Chloride 0.45%	1,000 mL, IV, STAT, 75 mL/hr
[ ]	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL, IV, STAT, 75 mL/hr
[ ]	Dextrose 5% in Water	1,000 mL, IV, STAT, 75 mL/hr
	Medications	
[ ]	LORazepam	1 mg, Tab, PO, once, STAT
[ ]	LORazepam	0.5 mg, Injection, IV Push, once, STAT
[ ]	meclizine	25 mg, Tab, PO, STAT
[ ]	prochlorperazine	5 mg, Injection, IV Push, once, STAT
[ ]	famotidine	20 mg, Injection, IV Push, once, STAT
[ ]	metoclopramide	10 mg, Injection, IV Push, once, STAT
[ ]	diazepam	5 mg, Tab, PO, once, STAT
[ ]	ondansetron	4 mg, Injection, IV Push, once, STAT
	Laboratory	
[ ]	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	Chem 8 Profile POC (UNIV only)	T;N, Stat

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Laboratory continued		
[ ]	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
[ ]	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
	If possibility of pregnancy, place order below:	
[ ]	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
Diagnostic Tests		
[ ]	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Reason: Other, specify, vertigo, Transport: Stretcher
[ ]	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Vertigo, Stat, Portable
[ ]	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Vertigo, Stat, Stretcher
[ ]	CT Brain/Head WO Cont	T;N, Reason for Exam: Vertigo, Stat, Stretcher
Consults/Notifications		
[ ]	Physician Consult	T;N, Consult: Neurology, Reason for Consult: vertigo

_____ _____ _____ _____

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

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