

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**SO ED Danger to Self or Others**

**Version 2 4/10/19**

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

**Laboratory**

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- TSH (THYROID STIM HORMONE)
- SYPHILIS ANTIBODIES
- URINE DRUG SCREEN
- ALCOHOL, ETHYL LEVEL

***IF Female of Menstruating Age and No Hysterectomy Select:***

- PREGNANCY TEST, SERUM

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_