

(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 Weakness/Dizziness

Version 2 4/2/19

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

Nursing Orders

- Vital Signs Orthostatic
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 92%

IV/ Line Insert and/or Maintain

- Peripheral IV Insert/Maintain

Laboratory

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- UA W/MICROSCOPY, CULT IF INDIC

IF Possible Cardiac Component and > 40 years old Select:

- TROPONIN I
- ED ECG (ED Provider Only) Reason for exam: Weakness/Dizziness

Provider Signature: _____ Date: _____ Time: _____