

(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: _____

ED Altered Mental Status

Version 24/2/19

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Cardiac monitor
- Pulse oximetry continuous
- Assess neurologic status every _____ hour
- Point of Care Capillary Blood Glucose
- Aspiration precautions
- Urinary straight catheterization
- Oxygen Delivery RN/RT to Determine Titrant to maintain Oxygen saturation greater than 90%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids

Sodium Chloride 0.9% IV

- 1000 milliliter BOLUS intravenously followed by continuous infusion if ordered

Sodium Chloride 0.9% IV

- 125 milliliter/hour continuous intravenous infusion

Laboratory

- For Lumbar Puncture orders please use ED Lumbar Puncture order set.

STAT Labs

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- LACTIC ACID, PLASMA

Blood gas study

- Arterial

TROPONIN I

C REACTIVE PROTEIN

BLOOD CULTURE STAT Quantity: 2; Additional Instructions to Phlebotomist: From 2 different sites, 5 minutes apart

LIVER FUNCTION PANEL

TSH (THYROID STIM HORMONE)

UA WITH MICROSCOPY

UA W/MICROSCOPY, CULT IF INDIC

CULTURE, URINE

PREGNANCY TEST, SERUM

URINE DRUG SCREEN

ALCOHOL, ETHYL LEVEL

ACETAMINOPHEN LEVEL

AMMONIA, PLASMA

SALICYLATE LEVEL

Initials _____

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PROVIDER ORDERS

Radiology and Diagnostic Tests

ED ECG (ED Provider Only)

routine Reason for exam: _____

XR Chest Single , portable,

routine Reason for exam: _____

XR Chest PA and Lateral

routine Reason for exam: _____

CT Head without Contrast

routine Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____