

EMERGENCY DEPARTMENT RECORD—PHYSICIAN ORDER SHEET

Lab/ Radiology/ Cardio-Pulmonary- See CPOE Orders	
<p>Nursing Orders</p> <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Orthostatic Vitals <input type="checkbox"/> Foley Cath-Indwelling <input type="checkbox"/> Straight Cath <input type="checkbox"/> NG Tube <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Wound Cleanse <input type="checkbox"/> Hibiclens/NS <input type="checkbox"/> Betadine <input type="checkbox"/> NS <input type="checkbox"/> Suture Set up <input type="checkbox"/> Staples <input type="checkbox"/> Dressing <input type="checkbox"/> DBL Abx Oint <input type="checkbox"/> OCL Splint Application: _____ <input type="checkbox"/> Ace Wrap <input type="checkbox"/> Crutches <input type="checkbox"/> Walker	<input type="checkbox"/> Knee Immobilizer _____ Knee <input type="checkbox"/> Air Cast _____ Ankle _____ _____ _____ _____ Consultations - <input type="checkbox"/> Tele-Stroke Q3014 / 6012874 <input type="checkbox"/> Tele-Psychiatry Q3014 / 6012874 <input type="checkbox"/> Tele-Cardiology Q3014 / 6012874 <input type="checkbox"/> Other _____

<p>Medication Orders</p> <input type="checkbox"/> Stroke Protocol Alteplase (TPA) <input type="checkbox"/> MI Protocol Tenecteplase (TNK) _____ _____ _____ _____ _____ _____	IV: _____ ml Bolus then _____ ml/hr 2 nd IV: _____ ml/hr _____ _____ _____ _____
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Nursing Signatures/ Initials: _____

<p>Decision Time: _____ Disposition: <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Critical <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (one day surgery) <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> LWBS</p>	
<p>Transfer to: _____ Accepting Dr: _____</p>	
<p>Physician Signature: _____ Date: _____ Time: _____</p>	
<p>Diagnosis: _____ Room # _____ Tech/RN initials _____ Date _____ Time _____</p>	