EMERGENCY DEPARTMENT PHYSICIAN ORDERS

☐ Complete ☐ Complete after Orders

*Date: _____ *Patient Name: _____ *DOB: _____

*Chief complaint: _____ ☐ Injury

Physician Time: _____

*Door Time _____
*Bed Time _____
*Room # _____
*Rack Time _____

☐ Time Estimated on First Contact _____ ☐ Pain Addressed ☐ Intro *Initiator Signature _____

Pt grants permission to release Protected Health Info ☐ To all present in ED ☐ To all callers ☐ To _____

	Time		Time		Time
Abd ☐ Upper ☐ Lower ♀		CT ABD & PEL: ☐ IV ☐ Oral Contrast		U/A ☐ C&S	
Asthma/COPD				☐ U-Preg	
Brain Attack		CT to r/o PE ☐ CP ☐ O_2 ☐ SOB		☐ U-Tox	
CSF		CT HD ☐ Contrast			
Chest Pain Orders				Accu ✓ ☐ Repeat ☐ Repeat	
Hip Fx ☐ R ☐ L		IVP		Amylase/Lipase	
Pelvic Labs				BMP	
♂ GU Labs		Biliary US		β-HCG (QNT)	
Pneumonia ☐ Port		Pelvic US		β Natr Peptide (BNP)	
Preg Vag Bleeding		Renal US		CPP	
Psych Med Clearance				CMP	
Renal Colic ☐ CT ☐ IVP		VQ Scan Lung		D-Dimer (VTE)	
Toxicology		Venous Duplex Site _____		☐ Thyroid Profile ☐ TSH	
EKG		C&S ☐ Blood ☐ Sputum ☐ Throat ☐ Wound ☐ Other			
CXR _____ Indication/Symptom ☐ Port				ASA (salicylates)	
				Depakote(kene) Valproic Acid	
				Digoxin	
Acute ABD Series				Dilantin (phenytoin)	
C-Spine Port Full		CBC		ETOH	
L/S Spine		CRP		Tegretol (carbamazepine)	
		INR/PTT		Theophyllin	
		SED RATE		Tylenol (acetaminophen)	
		Type &			
				Rapid Strep ☐ RSV ☐ Flu	
		Blood Gas ☐ RA ☐ O_2		Mono	
May rotate to Outer Treatment Area		☐ Peak Flow ☐ Pulse Ox			
☐ May Eat ☐ May Drink ☐ NPO		Provntl Aerosol ☐ Sngl ☐ Trpl		0.5 mL ADT IM	

☐ Amb	☐ Amb w Assist	☐ Bed	Time		Time

☐ Inpatient Admit ☐ Obs Admit ☐ Admitting Physician _____ Primary Physician _____

☐ VH ☐ Teaching ☐ Resident notified ☐ Regular ☐ Telemetry ☐ ICU ☐ CMU Admit Order Time: _____

☐ "Any other questions?" on discharge ☐ "Anything else you need" on discharge

Resident/PA Signature _____ Physician Signature _____

Condition Upon Discharge: ☐ Good/Improved ☐ Fair ☐ Poor ☐ Critical ☐ Deceased

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	***Write*** Microgram	1.0 Zero after decimal point	***Write*** 1. Do not use zero after decimal point
qd, q.d.	***Write*** Daily		
qod	***Write*** Every Other Day or Every 48 hrs	MS	***Write*** Morphine
		MgSO4, MSO4	***Write*** Magnesium sulfate or Morphine sulfate
U or u	***Write*** Units	*IU*	***Write*** International units
.5 No zero before decimal point	***Write*** 0.5 - make sure you use preceding 0	*OS, OD, OU*	***Write*** Left or right eye or both eyes
		AS, AD, AU	***Write*** Left or right ear or both ears

ST. VINCENT CHARITY MEDICAL CENTER

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.ORDER