RESET

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	PROVIDER ORDERS	GLWACH ER	OTSG APPROVED: 5JUN02

	Orders to be done are circled or written. Orders are highlighted when entered in CHCS/AHLTA. Orders are forward slashed (/), initialed and timed when completed
TIME	**TRIAGE PROVIDER ORDERS** ***INDICATION:***
	LAB: ER CHEST ER ABD ER OB ER PSYCH UA uHCG OTHER:
	RAD: X-RAY CT SCAN PO CONTRAST Yes or No US:
	Nursing: EKG Repeat Vitals LAT / EMLA to wound
	RX: 1. 3.
	2. 4.
	PROVIDER:
TIME	**LABORATORY:**
	POINT of CARE TEST: D- stick SOB Panel with D-Dimer Yes or No
	ORDER SET: ER CHEST ER ABD ER OB ER PSYCH ER Needlestick ER LumbarPuncture ER Tick

	Hematology	**Coagulation**	**Chemistry**	**Special Chem**	**Special Chem**
	CBC with diff	PT/INR	BMP	TSH	LDH
	ESR	aPTT	CMP	Free T4	CRP
	Reticulocyte	D-dimer	Lipase	HCG (Quant or Qual)	Acetone
	Peripheral Smear	Fibrinogen	Mg PO4 Ca	Uric acid	Serum Osm
	BNP	Fibrin Split Products	Hepatic function	Ammonia	Lactate (grey on ice)

	Cardiac	**Toxicology**	**Urine / GU**	**Blood Gas**	**Viral**
	Troponin	APAP	UA cc or cath?	Blood gas ABG or VBG	RSV
	CK-MB	ASA	Urine HCG	Carboxyhemoglobin	Influenza
	CPK	EtOH	UDS	Methemeoglobin	Pertussis
	D-dimer	UDS	Gen Probe M or F		Monospot
	BNP	Other:	Wet Prep / KOH		

	Blood bank	**Stool**	**Microbiology**	**Microbiology**
	Rhogam_____wks pregnant	Fecal Occult Blood	Blood culture x1 or x2	Throat culture
	Type& Screen / Cross #_____units	C. diff toxin	Urine culture	Wound culture
	OTHER LAB:			Stool culture

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE (YYYYMMDD)

PATIENT'S IDENTIFICATI0N (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)	☐ HISTORY/PHYSICAL ☐ OTHER EXAMINATION OR EVALUATION ☐ DIAGNOSTIC STUDIES ☐ TREATMENT ☐ FLOW CHART ☐ OTHER (Specify)

Allergies:					Weight (kg):
Time Ordered	**Medication/Amount/Route**	**Frequency**	**Indication**	**Time Given**	**Nurse Signature**

Time Ordered	*Orders to be done are circled or written. Orders are highlighted when entered in CHCS. Orders are forward slashed (/), initialed and timed when completed.*
TIME	**RADIOLOGY** ***INDICATION:***
	CXR Port CXR PA/LAT AAS C-spine (3view) Pelvis
	Extremity OTHER X-RAY:
	CT Brain *W / WO contrast* CSpine *W / WO contrast* Neck/Soft Tissue *W / WO contrast* Chest *W / WO* contrast Abdomen/Pelvis *WO contrast / IV only / PO only / both IV PO* OTHER:
	Indication:
	CVA / Altered Mental Status Headache Head Injury Neck Injury Abdominal Pain Appendicitis Abdominal/Pelvic Trauma Kidney Stone(R or L) Abscess r/o Pulmonary Embolus
	ULTRASOUND Testicle Abdomen*: (RUQ / Pediatric / Abdominal Aorta / Renal)* Extremity_____ Pelvis *(HCG: POS – NEG) Quant HCG # or unknown)* OTHER:
	Indication:
	Gall Bladder Pyloric Stenosis Abdominal Aortic Aneurysm DVT / Extremity Arterial Blood Flow Testicular Pain Hernia Ectopic Pregnancy / Hemorrhage Ovarian Torsion Pelvic Pain
	NURSING IV saline lock x1 or x2 Oxygen to maintain sats >92% Monitors
	Fluid bolus NS / LR _____ ml with pressure bag or _____ Fluid Rate @_____ml/hr
	Fully disrobe / Gown LOS OLD CHART
	EKG #1 EKG#2 Bilateral Upper Ext. BP R_____ or L_____
	D stick _____ Foley Repeat Vitals Rectal Temp_____ NGtube NPO
	LAT / EMLA to wound High pressure wound irrigation w _____ml Wound dressing
	OTHER:
	Schedule follow-up appt:
	Medication in Pixis — PATIENT INFORMATION:
	Discharge to HOME EMS UNIT CQ DUTY