

Name: \_\_\_\_\_  
Room #: \_\_\_\_\_

**STAT**

**EMERGENCY DEPARTMENT EXPEDITED ADMISSION ORDERS**

1. Patient admitted as observation patient to Dr. \_\_\_\_\_.
2. Page attending physician every 15 minutes until response. If no response after one hour, contact designated backup.
3. Vitals q shift
4. IV 0.9% Sodium Chloride *or* D5W (circle one) at \_\_\_\_\_ mL/hour
5. Heplock
6. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ED Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_