

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

EDPED Non-accidental Trauma

Version 1 8/18/15

General

- This pediatric order set is suggested for use in patients 1 month through 17 years of age and less than 50 kilograms

Nursing Orders

- ☒ Contact DFS

Laboratory

Admission labs or labs to be obtained now:

- ☐ CBC/AUTO DIFF
- ☐ COMPREHENSIVE METABOLIC PANEL
- ☐ PT (PROTIME AND INR)
- ☐ PTT
- ☐ C REACTIVE PROTEIN
- ☐ AMYLASE
- ☐ LIPASE

Radiology and Diagnostic Tests

- ☐ XR Skeletal Surv Infant (< 1yr) now Reason for exam: _____ includes:

AP and lateral skull,
AP chest,
Bilateral oblique ribs,
AP pelvis,
AP long bones (upper extremities),
AP long bones (lower extremities),
AP hands,
Lateral tib/fib,
Lateral thoracic and lumbar spine (separately if older than 12 months),
Lateral c-spine

- ☐ XR Skeletal Survey Complete now Reason for exam: _____ includes:

AP and lateral skull,
AP chest,
Bilateral oblique ribs,
AP pelvis,
AP hands and feet,
AP long bones (upper extremities),
AP long bones (lower extremities),
Lateral tib/fib,
AP thoracic spine,
AP lumbar spine ,
Lateral thoracic,
Lateral lumbar spine ,
Lateral c-spine

CT, head or brain, without contrast

- ☐ now if not already done in ER, Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____