

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (V)- 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

Diagnosis: _____

Allergies with reaction type: _____

SO EDPED Extremity Injury Imaging

Version 2 8/27/15

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

Prior to Ordering Patient Must Meet the Following Criteria

- Injury confined to the extremity
- Presence of deformity, instability, crepitus, point tenderness, ecchymosis, swelling or pain
- Patient request meets above criteria AND
- History of significant or probable fracture
- No imaging of gravid women without provider order (Question all female of childbearing age about possible pregnancy)

Nursing Reminders Prior to Ordering

- Examine injured area and initiate ice, immobilization and elevation
- Palpate joints above and below level of injury to assess for other injuries

Notify Provider for any of the following

- IF analgesia is needed
- IF x-ray of more than one site is needed
- IF any question on which films to order (unable to localize injury)
- IF any associated injury to head, neck or trunk
- IF any evidence of neurovascular compromise

Radiology and Diagnostic Tests: What to Order

- Nurse may order one site (all views) for x-rays.
- "Heard a Pop", inversion or eversion of ankle injury; swelling at malleoli.
- Palpate fifth metatarsal and if pain present, order foot x-ray also. Ankle film does not visualize the metatarsals well.
 - XR Ankle Complete Reason for exam: _____
 - [] Left [] Right [] Bilateral
 - Xray to be done portable? [] Yes [] No

Post traumatic elbow pain if associated with decrease or loss of supination, pronation, flexion, or extension.

- **In a child of 5 years or less with unexplained loss of arm function and no apparent soft tissue swelling, a radial head subluxation must be considered and x-rays should not be obtained prior to physician evaluation
- XR Elbow Complete Reason for exam: _____
- [] Left [] Right
- Xray to be done portable? [] Yes [] No

If swelling or pain on top of foot

- XR Foot Complete Reason for exam: _____
- [] Left [] Right
- Xray to be done portable? [] Yes [] No

Clear hand injury distal to wrist

- XR Hand Complete Reason for exam: _____
- [] Left [] Right
- Xray to be done portable? [] Yes [] No

Initials _____

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Order Special Calcaneal films if fracture suspected

- XR Calcaneous Reason for exam: _____
[] Left [] Right

Inability to stand or walk with localized knee pain OR post traumatic joint effusion OR a fall or blow to the knee area with subsequent inability to flex or extend the knee fully. If pain over patellar area, add order for patellar view

- XR Knee 3 View Reason for exam: _____
[] Left [] Right
Xray to be done portable? [] Yes [] No

Tenderness above the shoulder or on top of the shoulder; may or may not have swelling or deformity

- XR Shoulder Complete Reason for exam: _____
[] Left [] Right
Xray to be done portable? [] Yes [] No

Fall on an outstretched hand with swelling and tenderness of the wrist

- IF snuffbox tenderness, add a comment of "navicular view" in the additional comments

- XR Wrist Complete Reason for exam: _____
[] Left [] Right
Xray to be done portable? [] Yes [] No

Post traumatic pain in hip area if associated with rotated and shortened leg

- XR Hip Unilateral with Pelvis Reason for exam: _____
[] Left [] Right
Xray to be done portable? [] Yes [] No

Post traumatic pain in thigh area with swelling or pain to thigh area

- XR Femur Reason for exam: _____
[] Left [] Right
Xray to be done portable? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____