

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**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

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**SO EDPED Level 2-3 Trauma**

**Version 2 4/2/19**

- 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.

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain

**Laboratory**

**STAT Labs:**

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- ALCOHOL, ETHYL LEVEL
- URINE DRUG SCREEN
- UA W/MICROSCOPY, CULT IF INDIC

**IF Female of Menstruating Age and No Hysterectomy Select:**

- PREGNANCY TEST, SERUM

**Radiology and Diagnostic Tests**

XR Chest Single , portable,

- stat Reason for exam: Trauma
- ED ECG (ED Provider Only) Reason for Exam: Trauma

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_