

(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 Suspected Foreign Body to Eye

Version 1 8/18/15

- 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.

Nursing Orders

- Visual acuity testing

Medications

proparacaine 0.5% eye drops (ALCAINE)

- 2 drop in each affected eye once

If tetanus vaccine not current within past 5 years

For Age < / = 6 years Select:

Diphth, Pertuss(Acell), Tet Ped/Pf (DAPTACEL[ped])

- 0.5 milliliter intramuscularly once

For Age 7 - 11 years Select:

Diphth, Pertuss(Acell), Tet Vac(BOOSTRIX)

- 0.5 milliliter intramuscularly once

For Age > / = 12 years Select:

Tetanus and Diptheria Tox/Pf

- 0.5 milliliter intramuscularly once

Provider Signature: _____ Date: _____ Time: _____