

(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: \_\_\_\_\_

**Pediatric-Non-accidental Trauma**

**Version 1 5/2/2013**

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
- This order set should be used in conjunction with the pediatric admission or pediatric critical care admission order set if patient not already admitted

Patient Weight: \_\_\_\_\_

**Nursing Orders**

- DFS involved. Visitors limited to: \_\_\_\_\_
- Other \_\_\_\_\_

**Laboratory**

Admission labs or labs to be obtained now:

- Complete blood cell count with automated white blood cell differential
- Comprehensive metabolic panel
- Partial thromboplastin time (PTT), activated
- Prothrombin time (PT) and international normalized ratio (INR)
- C-reactive protein (CRP), quantitative
- Amylase, serum
- Lipase
- Other \_\_\_\_\_

Morning Draw:

- Complete blood cell count with automated white blood cell differential
- Comprehensive metabolic panel
- Partial thromboplastin time (PTT), activated
- Prothrombin time (PT) and international normalized ratio (INR)
- C-reactive protein (CRP), quantitative
- Amylase, serum
- Lipase
- Other \_\_\_\_\_

**Radiology and Diagnostic Tests**

- Skeletal Survey now Reason for exam: \_\_\_\_\_ to include:
  - 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 and lumbar spine (separately if older than 12 months),
  - Lateral thoracic and lumbar spine (separately if older than 12 months),
  - Lateral c-spine
- CT, head or brain, without contrast now if not already done in ER, Reason for exam: \_\_\_\_\_
- Other \_\_\_\_\_

**Consults**

- Consult to social services / care coordination
- Consult to ophthalmology for eye exam. Reason for exam: \_\_\_\_\_. If unavailable contact NICU for retcam exam.

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