Patient Name:_____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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 Psych Signs and Symptoms   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.

Laboratory
☑ URINE DRUG SCREEN
☑ TSH (THYROID STIM HOROMONE)
☑ CBC/AUTO DIFF
☑ COMPREHENSIVE METABOLIC PANEL
☑ LIPID PANEL
☑ GLYC-HEMOGLOBIN (HGB A1C)
IF Female of Menstruating Age and No Hysterectomy Select:
☐ PREGNANCY TEST, SERUM

Provider Signature:_____Date:_____Time:_____