

UMC Health System CHILD ABUSE NAT PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Measure Patient (Measure FOC)
 q12h

Perform Neurological Checks
 Special Instructions, with Vital Signs q15min
 q30min q1h

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 Ensure photographs are done within 2 hours of admission

Laboratory

CBC with Differential
 Routine, T;N

Comprehensive Metabolic Panel
 Routine, T;N

Prothrombin Time with INR
 Routine, T;N

PTT
 Routine, T;N

Lipase Level
 Routine, T;N

Hepatic Function Panel
 Routine, T;N

Urine Random Drug Screen
 Urine, Routine

Diagnostic Tests

CT Abd, Pel w/o Contrast
 Routine

CT Head w/o
 Routine

DX Chest Portable
 Routine

DX Pelvis AP 1 or 2 vw
 Routine

DX Bone (Osseous) Survey Infant
 Routine

Consults/Referrals

Consult MD
 Service: Trauma Team, Reason: Pediatric Non-Accidental Trauma

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Consult MD <input type="checkbox"/> Service: Pediatrics, Routine, Child Abuse Team 806-319-2232
	Consult MD <input type="checkbox"/> Service: Pedi Neurosurgery, Routine
	Consult MD <input type="checkbox"/> Service: Orthopedics Surgery, Routine
	Consult Ophthalmology for positive head CT Consult MD <input type="checkbox"/> Service: Ophthalmology, Reason: For retinal exam, Routine
	Social Services for CPS Call Follow-Up

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

