UMC Health System

EMERGENCY CENTER POC PEDIATRIC SWAB SDO BY DR. BRIAN PAYNE EKM

Patient Label Here

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
	Laboratory
	Please order under Dr. Brian Payne MD and use STANDING DELEGATION per policy EC1023.0 Pediatric Point of Care Swab SDO ***For children LESS THAN 2 years of age presenting to the EC with cough, nasal congestion, or fever*** **POC Flu Sofia** ☐ Specimen Type: Nasal, T;N, STAT
	POC RSV Sofia ☐ Specimen Type: Nasopharyngeal Swab, T;N, STAT
	POC SARS-CoV-2 Ag Sofia ☐ Specimen Type: Nasal, T;N, STAT
	Strep swab may be added for known contact to Strep positive person **POC Strep A Sofia** ☐ Specimen Type: Throat, T;N, STAT
	For children GREATER THAN 2 years of age presenting to the EC with cough, congestion or fever **POC Flu Sofia** ☐ Specimen Type: Nasal, T;N, STAT
	POC SARS-CoV-2 Ag Sofia ☐ Specimen Type: Nasal, T;N, STAT
	Strep swab may be added if complaining of sore throat along with confirmatory culture for children LESS than 16 years of age if Strep screen is negative **POC Strep A Sofia** ☐ Specimen Type: Throat, T;N, STAT

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____Physician signature on file_____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____