

UMC Health System NEWBORN NURSERY HSV EXPOSURE 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
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Laboratory

	HSV DNA Texas Children's Hospital <input type="checkbox"/> Timed, Comment: to be done at 24hrs of life
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	HSV 1.2 by PCR <input type="checkbox"/> Timed, Label Comment at 24hrs of life, use one swab for eye, nose, anus
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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

