

<p><b>UMC Health System</b></p> <p>PEDIATRIC ALL BETTER CARE SDO - DR. B. PAYNE MD</p>	<p>Patient Label Here</p>
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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**

Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy #PC-70..

**Pediatric All Better Care Guidelines**

\*\*\*See Reference Text\*\*\*

**Apply Pain Management Vibrating Device**

Place next to site of needle stick for intramuscular injections and/or immunizations only.

**sucrose 24% oral solution (Sweet-Ease)**

2 mL orally every 2 minutes as needed for anxiety. Dip pacifier in solution or administer directly into mouth. (Recommended not to exceed 4 doses)

**pentofluoropropane-tetrafluoroethane spr (pentofluoropropane-tetrafluoroethane spray (Pain-Ease))**

1 spray topically every 1 minute as needed for numbing of injection site.

**lidocaine topical (lidocaine 4% topical cream)**

1 app, topical, cream, as needed, PRN other

For numbing of injection site. Apply 30 - 60 min prior to procedure. Do not reapply more often than every 4 hours. Ordered via Pediatric All Better Care SDO - Dr. B. Payne MD Standing Delegated Order.

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TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Signature on File \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

