

<b>UMC Health System</b>  <b>PEDIATRIC LIVER AND SPLEEN INJURY PLAN</b>	<b>Patient Label Here</b>
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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**

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

**Vital Signs**  
 q2h, for 4 hours  q4h

**Patient Activity**  
 Bedrest, Overnight  Continue Bedrest  
 Ambulate w/ Assistance as Tolerated

**Dietary**

**NPO Diet**  
 NPO, Overnight  NPO, Continued

**Oral Diet**  
 Regular Diet

**Laboratory**

**Hemoglobin and Hematocrit**  
 STAT

**Hemoglobin and Hematocrit**  
 Routine, T;N+360, q6h for 24 hr

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TO     Read Back     Scanned Powerchart     Scanned PharmScan  
 Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_