

<p><b>UMC Health System</b></p> <p>PEDIATRIC URINARY CATH REMOVAL SDO - DR. A. HAYNES</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. A. Haynes MD and use STANDING DELEGATION per policy NE-251.1.

**Discontinue Urinary Catheter - SDO Pedia (Discontinue Urinary Catheter - SDO Pediatric Guidelines)**  
 \*\*\*See Reference Text\*\*\*

**Perform Bladder Scan**  
 Scan PRN

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Signature on file \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

