### PEDIATRIC LIVER AND SPLEEN INJURY PLAN

#### PHYSICIAN ORDERS

<table>
<thead>
<tr>
<th>ORDER</th>
<th>ORDER DETAILS</th>
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</thead>
</table>
| **Patient Care** | Perform Neurological Checks
| | − Special Instructions, with Vital Signs  
| | − q30min  
| | − q15min  
| | − q1h |
| | Vital Signs
| | − q2h, for 4 hours  
| | − q4h |
| | Patient Activity
| | − Bedrest, Overnight  
| | − Continue Bedrest |
| **Dietary** | NPO Diet
| | − NPO, Overnight  
| | − NPO, Continued |
| **Laboratory** | Hemoglobin and Hematocrit
| | − STAT |
| | Hemoglobin and Hematocrit
| | − Routine, T;N+360, q6h for 24 hr |

Place an “X” in the Orders column to designate orders of choice AND an “x” in the specific order detail box(es) where applicable.

<table>
<thead>
<tr>
<th>TO</th>
<th>Read Back</th>
<th>Scanned Powerchart</th>
<th>Scanned PharmScan</th>
</tr>
</thead>
</table>

Order Taken by Signature: ____________________________  
Date ____________________________  
Time ____________________________

Physician Signature: ____________________________  
Date ____________________________  
Time ____________________________

Pediatric Liver and Spleen Injury Plan  
Version: 3  
Effective on: 02/12/21