CHRISTUS® CHILDREN'S

KidSTOP Westover Hills Stone Oak
Outpatient Physician Order

Monday through Friday
8:00 a.m. to 12:30 p.m. and 1:00 to 4:30 p.m.
***Required Information**

*Patient Name: _____ *Weight: _____ kg

*Date of Birth: _____ Date of Surgery/Procedure: _____

*Allergies: _____

*Diagnosis: _____

Lab

- ☐ A1C
- ☐ Bilirubin (total and direct)
- ☐ Blood Culture
- ☐ BMP
- ☐ BNP
- ☐ CBC w/Auto Diff
- ☐ CBC w/Man Diff
- ☐ CK
- ☐ CKMB
- ☐ CMP
- ☐ COVID-19 Antigen
- ☐ COVID-19 PCR
- ☐ ESR
- ☐ Food Allergy Panel
- ☐ hsCRP
- ☐ Influenza A/BAg
- ☐ Insulin
- ☐ Lead
- ☐ Lipid panel
- ☐ Mono
- ☐ Newborn Screen
- ☐ PT/PTT
- ☐ Reg 10 Respiratory Panel
- ☐ Respiratory Viral Panel
- ☐ RFP
- ☐ T4F/TSH
- ☐ Tuberculosis (QuantiFERON-TB Gold)
- ☐ Urinalysis
- ☐ Urine Culture
  - ☐ I/O Cath
  - ☐ Clean Catch
- ☐ Urine Drug Screen

☐ Other: _____

☐ Other: _____

Medications and Interventions

☐ IV Hydration for _____ hours
(Maximum two hours. Please send patient before 3:00 p.m)
☐ Normal Saline or ☐ Lactate Ringers _____ cc/kg
_____ total fluids over _____ minutes _____ may repeat X 1

☐ Ceftriaxone IM mixed w/ 1% Lidocaine per manufacturer recommendations
_____ mg/kg Every 24 hours X _____ day Total Dose _____

☐ Heparin (10 units/ml - 5 ml) 50 units

☐ Heparin (100 units/ml - 5 ml) 500 units

☐ TPA per protocol (no later than 5:00 p.m.)

☐ 5 units/0.1 ml Tuberculin PPD Intradermally X 1

☐ Rabavert 2.5 IU/ML IM X 1 (initital dose give: _____)
☐ Day 3 ☐ Day 7 ☐ Day 14

☐ _____

☐ _____

Physician's Information

***Physician Office Number:** _____

***Physician Fax Number:** _____

***Physician (print name):** _____

***Signature:** _____

***Supervising Physician:** _____

***Date:** _____

Radiology

☐ CXR ☐ KUB ☐ Abd Flat & Upright

☐ _____

☐ _____

An appointment is required for the following:

☐ †US of: _____

☐ †CT Scan of: _____

☐ †MRI of: _____

Reason: _____

Call 210.704.4100 to schedule US, CT or MRI.

† These exams may require prior authorization depending on insurance coverage. Authorization is the responsibility of the PCP office.

Ortho Splints Performed

☐ Right ☐ Left ☐ Arm ☐ Wrist ☐ Leg ☐ Ankle
☐ Preformed Wrist Splint ☐ Ankle Air Splint ☐ Arm Sling
☐ Post-Op Shoe ☐ Boot ☐ Crutches ☐ Walker

Cardiopulmonary

☐ EKG ☐ _____ ☐ _____

Discharge Criteria

☐ Vital signs within normal limits
☐ Void x1
☐ Tolerates clear liquids w/o emesis
☐ LOC appropriate for developmental age
☐ Respiratory d/c criteria
  ☐ Good air exchange
☐ _____

If Discharge Criteria Not Met

☐ Call Office Cell/Pager: _____

☐ Other: _____

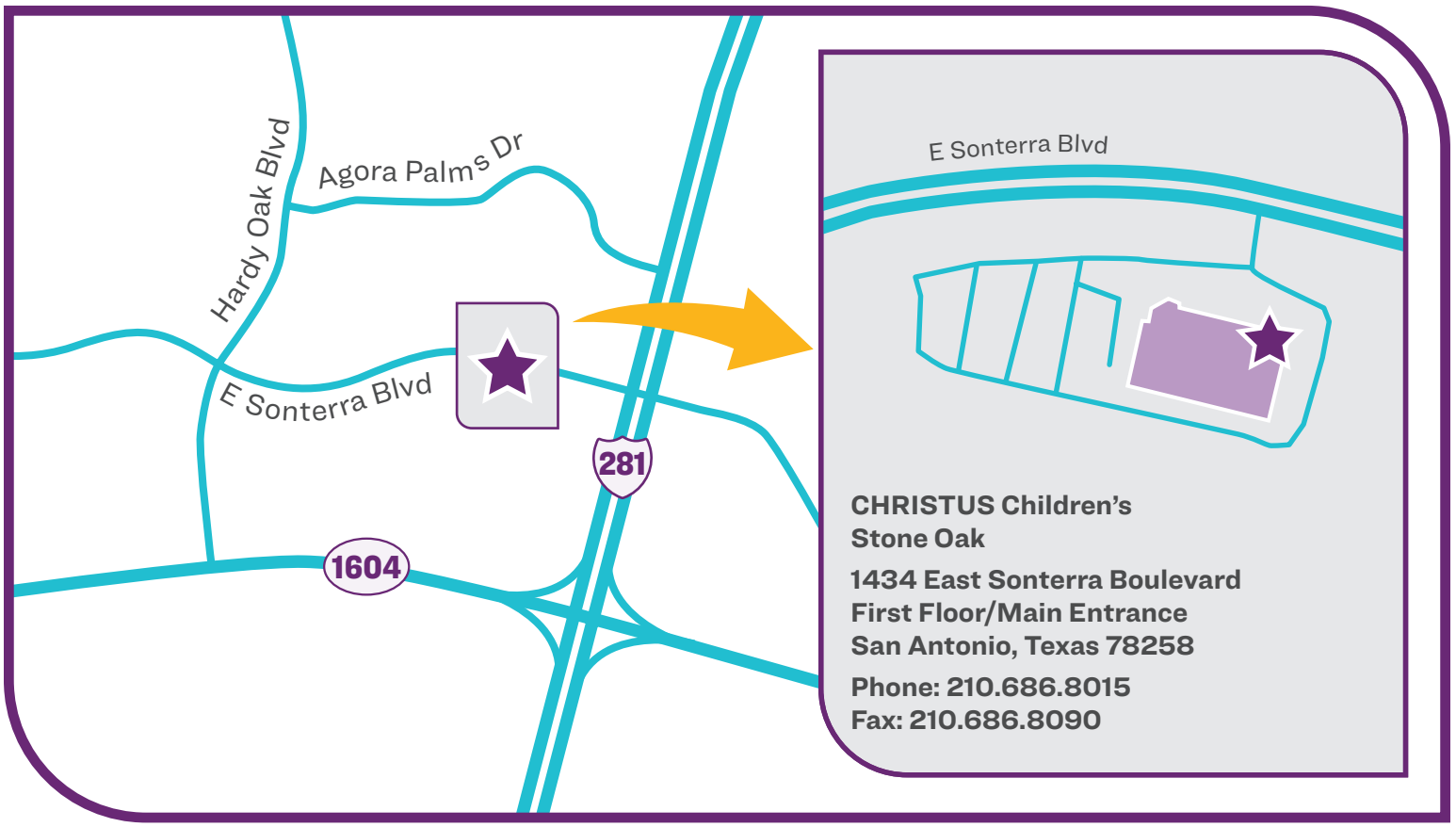
Patient Label

Updated 031425

LOCATIONS & HOURS

Monday through Friday
8:00 a.m. to 12:30 p.m. and 1:00 to 4:30 p.m.

For scheduling US, CT or MRI at any KidSTOP location , please call 210.704.4100.



CHRISTUS Children's Stone Oak

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San Antonio, Texas 78258

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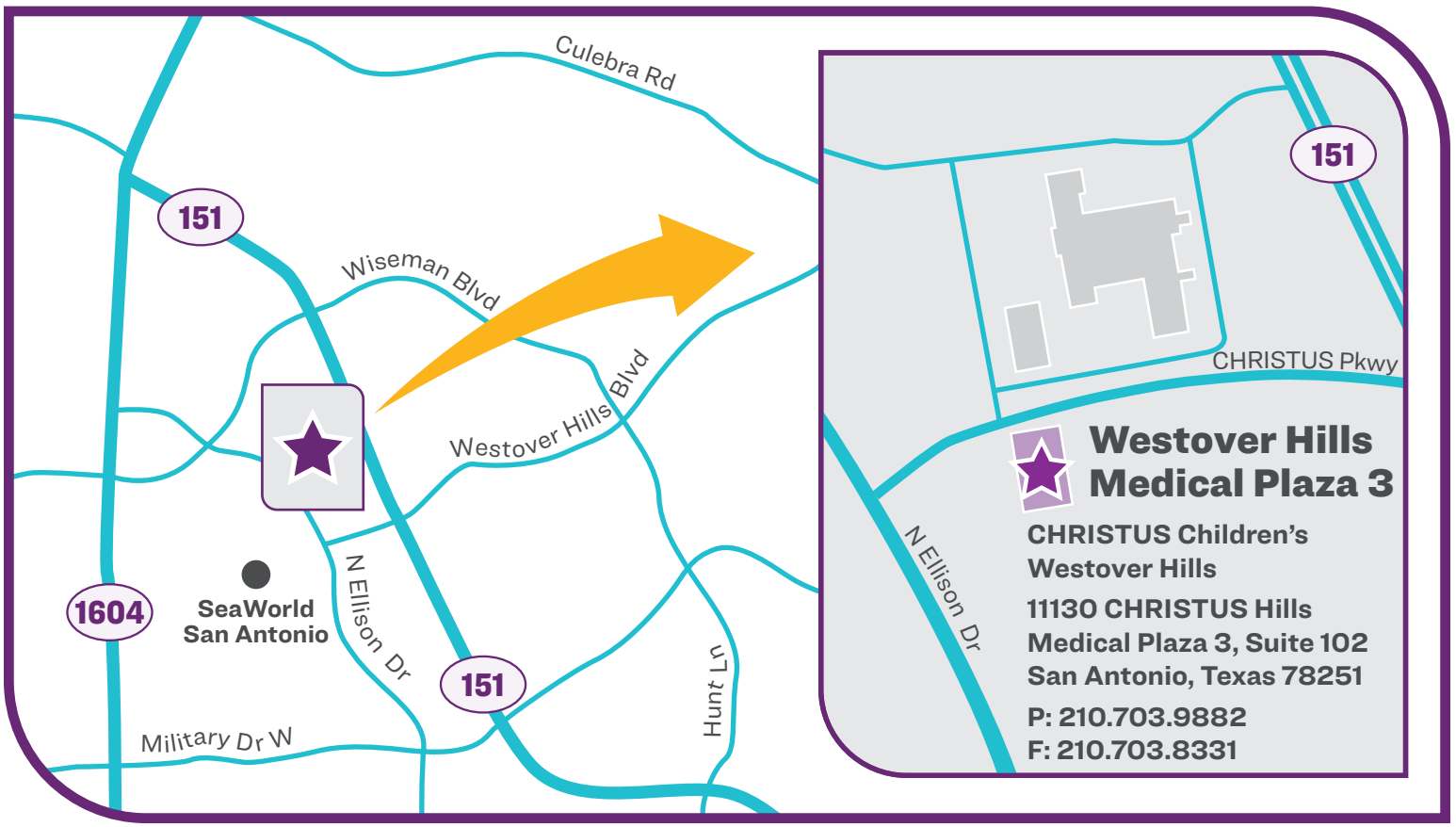

Westover Hills Medical Plaza 3

CHRISTUS Children's Westover Hills

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Updated 031425