



Physician Orders PEDIATRIC: LEB ED Testicular Torsion Plan

LEB ED Standing Triage Testicular Torsion

Non Categorized

Criteria: Patients < 18 years of age with a complaint of testicular pain.(NOTE)*

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, per routine

Food/Nutrition

- ☒ NPO

Laboratory

- ☒ Urinalysis w/Reflex Microscopic Exam
STAT, T;N, Type: Urine, Nurse Collect
- ☒ Urine Culture
STAT, T;N, Specimen Source: Urine, Nurse Collect

Diagnostic Tests

- ☒ US Scrotum
T;N, Reason for Exam: Testicular Torsion, Stat

LEB ED Testicular Torsion Phase

Patient Care

- ☐ IV Insert/Site Care LEB
Stat, q2h(std)

Medications

- ☐ **+1 Hours** acetaminophen
- ☐ 325 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - ☐ 15 mg/kg, Liq, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day
 - ☐ 650 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
- ☐ 1 tab, Tab, PO, once, STAT, (1 tab = 5 mg HYDROcodone), MAX Dose = 10 mg (DEF)*
 - ☐ 2 tab, Tab, PO, once, STAT, (2 tab = 10 mg HYDROcodone), MAX Dose = 10 mg
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
- 0.15 mg/kg, Elixir, PO, once, STAT, (5mL = 2.5mg HYDROcodone), Max dose = 10 mg*
- ☐ **+1 Hours** fentaNYL
- ☐ 2 mcg/kg, Inh Soln, Nasal, once, STAT, Max single dose = 200 mcg (DEF)*
 - ☐ 3 mcg/kg, Inh Soln, Nasal, once, STAT, Max single dose = 200 mcg
 - ☐ 4 mcg/kg, Inh Soln, Nasal, once, STAT, Max single dose = 200 mcg
 - ☐ 5 mcg/kg, Inh Soln, Nasal, once, STAT, Max single dose = 200 mcg
- ☐ **+1 Hours** midazolam
- ☐ 0.2 mg/kg, Inh Soln, Nasal, once, STAT, Max dose = 10 mg (DEF)*
 - ☐ 0.3 mg/kg, Inh Soln, Nasal, once, STAT, Max dose = 10 mg
 - ☐ 0.4 mg/kg, Inh Soln, Nasal, once, STAT, Max dose = 10 mg
 - ☐ 0.5 mg/kg, Inh Soln, Nasal, once, STAT, Max dose = 10 mg

Laboratory

- ☐ CBC
STAT, T;N, once, Type: Blood
- ☐ Chlamydia Culture
STAT, T;N, once, Specimen Source: Secretion Body Site: Penis, Nurse Collect
- ☐ GC Culture
STAT, T;N, once, Specimen Source: Discharge Body Site: Penis, Nurse Collect

Consults/Notifications/Referrals

- ☐ Consult MD Group
Routine, Group: ULPS Urology





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Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order

