



**Physician Orders PEDIATRIC: LEB ED Vaginal/Penile Discharge/Pain Plan**

**Standing Orders Vag/Penile Dischg/Pain**

**Non Categorized**

Criteria: Patients less than 18 years of age with a complaint of vaginal/penile discharge with pain.(NOTE)\*

**Vital Signs**

- Vital Signs  
*T;N, Stat Monitor and Record T,P,R,BP, per routine*

**Laboratory**

- Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, once, Type: Urine, Nurse Collect*
- Urine C&S  
*STAT, T;N, Specimen Source: Urine, Nurse Collect*  
If possibility of pregnancy, place order below:(NOTE)\*
- Pregnancy Screen Serum  
*STAT, T;N, once, Type: Blood*

**LEB ED Vaginal/Penile Discharge/Pain Ph**

**Non Categorized**

- Powerplan Open

**Food/Nutrition**

- NPO  
*Start at: T;N*

**Patient Care**

- Nursing Communication  
*T;N, Prep patient for pelvic examination*
- IV Insert/Site Care LEB  
*T;N, Stat, q2h(std)*

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus
  - 20 mL/kg, IV, once, STAT, ( infuse over 15 min ), (Bolus) (DEF)\*
  - 10 mL/kg, IV, once, STAT, ( infuse over 15 min ), (Bolus)
  - 10 mL/kg, IV, once, STAT, ( infuse over 30 min ), (Bolus)
  - 20 mL/kg, IV, once, STAT, ( infuse over 30 min ), (Bolus)
- Sodium Chloride 0.9%  
*1,000 mL, IV, STAT, mL/hr*
- D5 1/2NS  
*1,000 mL, IV, STAT, mL/hr*
- D5 1/4 NS  
*1,000 mL, IV, STAT, mL/hr*





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- D5 1/2 NS KCl 20 mEq/L  
1,000 mL, IV, STAT, mL/hr
- D5 1/4 NS KCl 20 mEq/L  
1,000 mL, IV, STAT, mL/hr

**Medications**

- acetaminophen
  - 325 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)\*
  - 500 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day
  - 15 mg/kg, Liq, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day
- azithromycin  
1,000 mg, Tab, PO, once, STAT
- cefTRIAxone
  - 125 mg, Ped Injectable, IM, once, STAT (DEF)\*
  - 250 mg, Ped Injectable, IV, once, STAT
- doxycycline
  - 100 mg, Ped Injectable, IV Piggyback, once, STAT (DEF)\*
  - 100 mg, Cap, PO, once, STAT
- metoclopramide  
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max: 10 mg/dose
- metroNIDAZOLE  
2 g, Tab, PO, once, STAT
- morphine  
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max initial dose = 10 mg
- ondansetron  
4 mg, Ped Injectable, IV Push, once, STAT, Max dose = 8 mg
- ondansetron  
4 mg, Orally Disintegrating Tab, PO, once, STAT
- promethazine
  - 0.25 mg/kg, Ped Injectable, IM, once, STAT, Max dose: 25 mg (DEF)\*
  - 0.5 mg/kg, Ped Injectable, IM, once, STAT, Max dose: 25 mg
- ketorolac
  - 0.5 mg/kg, Ped Injectable, IV Push, once, STAT, Max single dose = 30 mg (DEF)\*
  - 0.5 mg/kg, Ped Injectable, IM, once, STAT, Max single dose = 30 mg

**Laboratory**

- Blood Culture  
STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect





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- BMP  
*STAT, T;N, once, Type: Blood*
- CBC  
*STAT, T;N, once, Type: Blood*
- HIV Ab/Ag Screen  
*STAT, T;N, once, Type: Blood*
- Rapid HIV Saliva  
*STAT, T;N, once, Type: SWAB, Nurse Collect*
- Wet Prep  
*STAT, T;N, once, Vagina, Nurse Collect*
- Chlamydia Culture  
*STAT, T;N, once, Specimen Source: Secretion Cervix, Nurse Collect*
- Chlamydia Trachomatis/Neisseria Gonorrhoeae by PCR  
*STAT, T;N, once, Nurse Collect*
- GC Culture  
*STAT, T;N, once, Specimen Source: Discharge Body Site: Vagina, Nurse Collect*
- +2 Minutes** GC Culture  
*STAT, T;N, once, Specimen Source: Discharge Body Site: Penis, Nurse Collect*
- +4 Minutes** GC Culture  
*STAT, T;N, Specimen Source: Undesignated Source Body Site: Mouth, Nurse Collect*
- +6 Minutes** GC Culture  
*STAT, T;N, once, Specimen Source: Undesignated Source Body Site: Anus, Nurse Collect*
- RPR Screen w/Reflex to Titer  
*STAT, T;N, once, Type: Blood*
- If possibility of pregnancy, order below:(NOTE)\*
- Pregnancy Screen Serum  
*STAT, T;N, once, Type: Blood*

**Diagnostic Tests**

- LEB CT Abdomen W Cont Plan(SUB)\*
- LEB CT Pelvis W Cont Plan(SUB)\*
- LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)\*
- US Pelvic Non OB Comp  
*T;N, Reason for Exam: Pelvic Pain, STAT, Stretcher*

**Consults/Notifications/Referrals**

- Consult MD  
*T;N, General Surgery consult*
- Consult MD  
*T;N, OB/GYN consult*





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Date                                      Time                                      Physician's Signature                                      MD Number

**\*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

