



attach patient label

# Physician Orders

## LEB Initial ED Testicular Torsion Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Vital Signs</b>		
<input checked="" type="checkbox"/>	Vital Signs	T;N, Monitor and Record T, P, R, BP, per routine
<b>Food/Nutrition</b>		
<input checked="" type="checkbox"/>	NPO	T;N
<b>Laboratory</b>		
<input checked="" type="checkbox"/>	Urinalysis w/Reflex Microscopic	STAT, T;N, Type: Urine, Nurse Collect
<input checked="" type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
<b>Diagnostic Tests</b>		
<input checked="" type="checkbox"/>	US Scrotum (Testicular Ultrasound)	T;N, Reason for Exam: Testicular Torsion, Stat

\_\_\_\_\_  
**Date**                      **Time**                      **Physician's Signature**                      **MD Number**

