Physician Orders

LEB Initial ED Testicular Torsion Plan
[X or R] = will be ordered unless marked out.

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<th>Height: cm</th>
<th>Weight: kg</th>
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**Allergies:**
- [ ] No known allergies

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

**Food/Nutrition**
- [X] NPO
  - T;N

**Laboratory**
- [X] Urinalysis w/Reflex Microscopic
  - STAT, T;N, Type: Urine, Nurse Collect
- [X] Urine Culture
  - STAT, T;N, Specimen Source: Urine, Nurse Collect

**Diagnostic Tests**
- [X] US Scrotum (Testicular Ultrasound)
  - T;N, Reason for Exam: Testicular Torsion, Stat

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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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