

## Outpatient Physician Order

Phone: 210.704.2587 • Fax: 210.704.2868 • Monday through Friday • 8:00 a.m. to 6:00 p.m.

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ kg  
 Date of Birth: \_\_\_\_\_ Date of Surgery/Procedure: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

### Lab: 210.704.2302

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> CBC w/diff                      | <input type="checkbox"/> Urinalysis    | <input type="checkbox"/> Blood Culture    |
| <input type="checkbox"/> CBC w/man diff                  | <input type="checkbox"/> Urine Culture | <input type="checkbox"/> RSV Ag           |
| <input type="checkbox"/> BMP/CMP                         | <input type="checkbox"/> I/Ocath       | <input type="checkbox"/> Influenza A/BAg  |
| <input type="checkbox"/> T4F TSH                         | <input type="checkbox"/> Clean Catch   | <input type="checkbox"/> Culture of _____ |
| <input type="checkbox"/> Newborn Screen                  | <input type="checkbox"/> _____         | _____                                     |
| <input type="checkbox"/> *COVID PCR Test                 | <input type="checkbox"/> _____         | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Rapid PCR <sub>(in-house)</sub> | <input type="checkbox"/> _____         | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Send out PCR                    |  |   |

\*Is patient symptomatic?  No  Yes, then call KidSTOP at 210.704.2587 to alert staff. Have patient call KidSTOP upon their arrival at 210.704.2587 so they can be escorted to designated area.

### Medications and Interventions

- IV Hydration for \_\_\_\_\_ hours (maximum 2 hours and send patient before 5 PM)
  - 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
- Heparin 500 IV per port flush
- Heparin 50 units IV for PICC lines (per home health or parents dose)
- TPA per protocol (no later than 5 PM)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Ortho Splints Performed

- Wrist  Ankle  Boot  Post-Op Shoe (foot/toe problems)
- Please choose, if needed:
- Air Splint  w/Crutches  No Crutches  Walker

### Physician's Information

Physician Office Number: \_\_\_\_\_  
 Physician Fax Number: \_\_\_\_\_  
 Physician (print name): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Central Scheduling: 210.704.4100

### Radiology: 210.704.2372

- CXR  KUB  Abd Flat & Upright
  - \*\*CT Scan of: \_\_\_\_\_
  - \*\*MRI of: \_\_\_\_\_
  - \*\*US of: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - Contrast  Yes or  No
  - Reason: \_\_\_\_\_
- \*\* These exams may require prior authorization and scheduling, depending upon insurance coverage. Authorization is the responsibility of the PCP office.

### Cardiopulmonary: 210.704.2264

- EKG  \_\_\_\_\_  \_\_\_\_\_

### Discharge Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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: \_\_\_\_\_

### Circumcision

- Infant must be <10 lbs. and <30 days old
- Referring physician must provide patient demographics and clinical notes

Patient Label



## WHAT WE ARE DOING TO KEEP YOU SAFE:



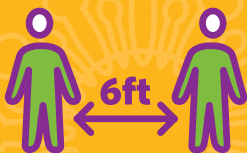
**MASKS REQUIRED**  
(age 2 and older)



**HEALTH SCREENING**



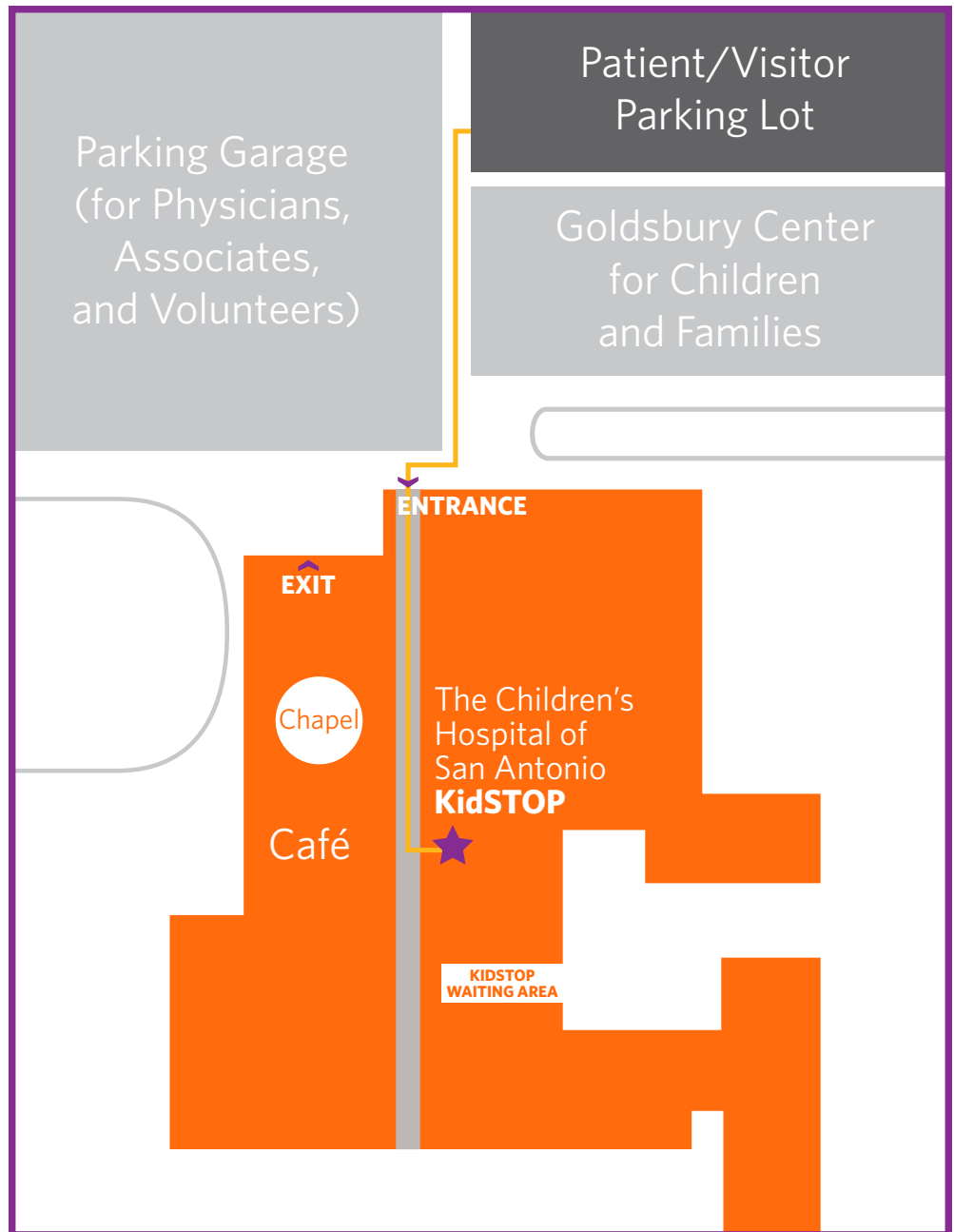
**HANDWASHING STATIONS**



**SOCIAL DISTANCING**



**LIMITED VISITORS**  
Only One Parent/  
Caregiver Allowed



## KidSTOP Information:

**Location:** 333 North Santa Rosa Street • San Antonio, Texas 78207

**Hours:** Monday through Friday • 8:00 a.m. to 6:00 p.m.

**Genetic Testing:** Monday through Thursday

**Circumcision Clinic:** Wednesday • 8:00 a.m. to 12:00 p.m.

**Pre-Procedure COVID Testing:**

Monday through Friday • 9:00a.m. to 3:00 p.m.

Saturday • 9:00 a.m. to 12:00 p.m.

**Phone:** 210.704.2587

**Fax:** 210.704.2868

[chofsa.org](http://chofsa.org)

Updated 12/07/2020



**The Children's Hospital  
of San Antonio™**

CHRISTUS Health