



The Children's Hospital of San Antonio™

CHRISTUS Health

KidSTOP Westover Hills Stone Oak

Order Written: _____

Date: _____

Time: _____

Outpatient Physician Order

Monday through Friday • 9:00 a.m. to 5:00 p.m.

Patient Name: _____ Weight: _____ kg

Date of Birth: _____ Date of Surgery/Procedure: _____

Allergies: _____

Diagnosis: _____

Lab

- BHCG Quantitative COVID-19 Antibody PT/PTT
- BHCG Qualitative COVID-19 PCR RFP
- Bilirubin Culture of RSV Ag
- Blood Culture _____ Strep A Antigen
- BMP ESR T4F/TSH
- BNP Glucose Troponin I
- CBC w/Auto Diff hsCRP Tuberculosis
- CBC w/Man Diff Influenza A/BAg Urinalysis
- CK Mg (not included Urine Culture
- CKMB in CMP or BMP) I/O Cath
- CMP Mono Clean Catch
- COVID-19 Antigen Newborn Screen Urine Drug Screen
- Other: _____

Medications and Interventions

- IV Hydration for _____ hours
(Maximum 2 hours. For KidSTOP-Stone Oak, please send patient before 3:00 p.m.)
- 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 (10 units/ml - 5 ml) 50 units
- Heparin (100 units/ml - 5 ml) 500 units
- TPA per protocol (no later than 5 PM)
- Albuterol Inhalation 2.5 mg 5 mg (once)
- _____
- _____

Ortho Splints Performed

- Right Left Arm Wrist Leg Ankle
- Preformed Wrist Splint Ankle Air Splint Arm Sling
- Post-Op Shoe Boot Crutches Walker

Physician's Information

Physician Office Number: _____

Physician Fax Number: _____

Physician (print name): _____

Signature: _____

Date: _____

Radiology

- CXR KUB Abd Flat & Upright
- _____
- _____

Please call 210.704.4100 to schedule the following:

*US of: _____

*CT Scan of: _____

*MRI of: _____

Reason: _____

* These exams may require prior authorization depending on insurance coverage. Authorization is the responsibility of the PCP office.

Cardiopulmonary

- EKG _____ _____

Discharge Instructions

Discharge Criteria

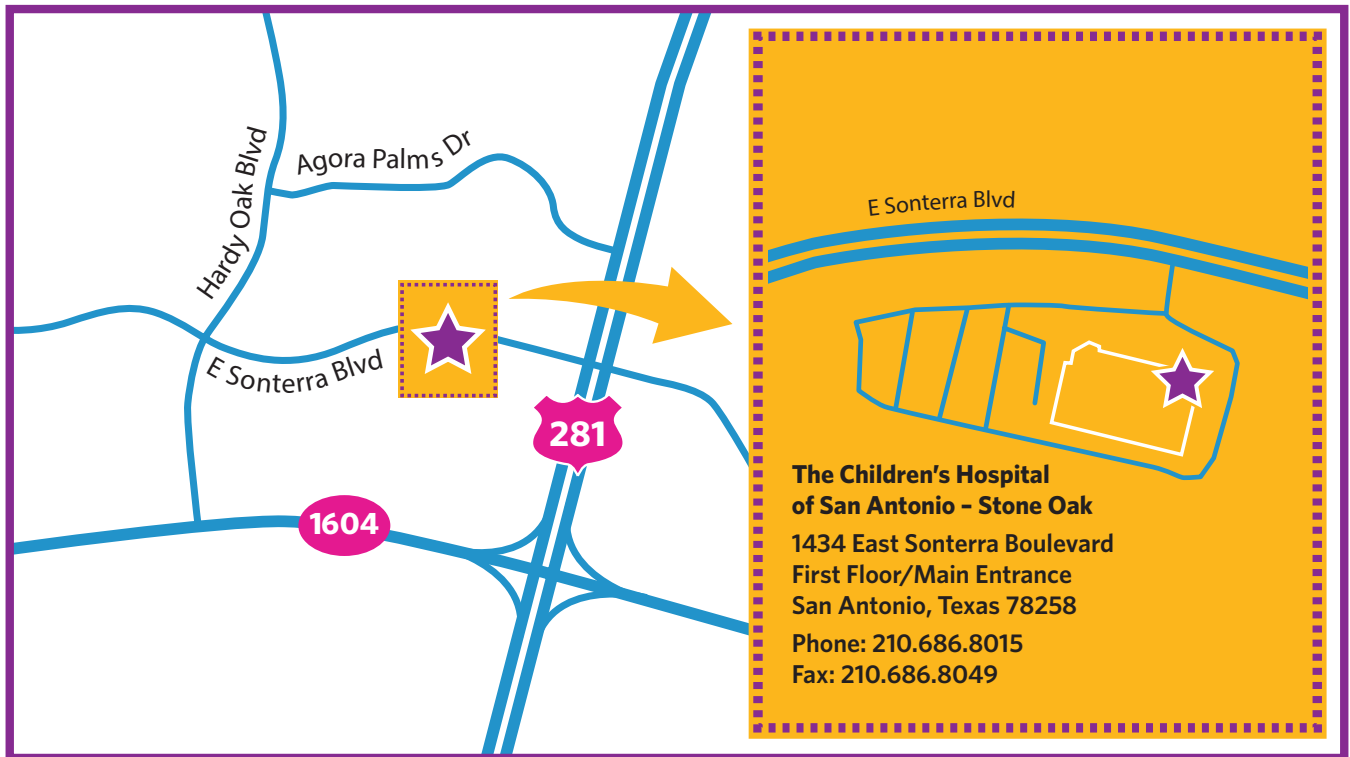
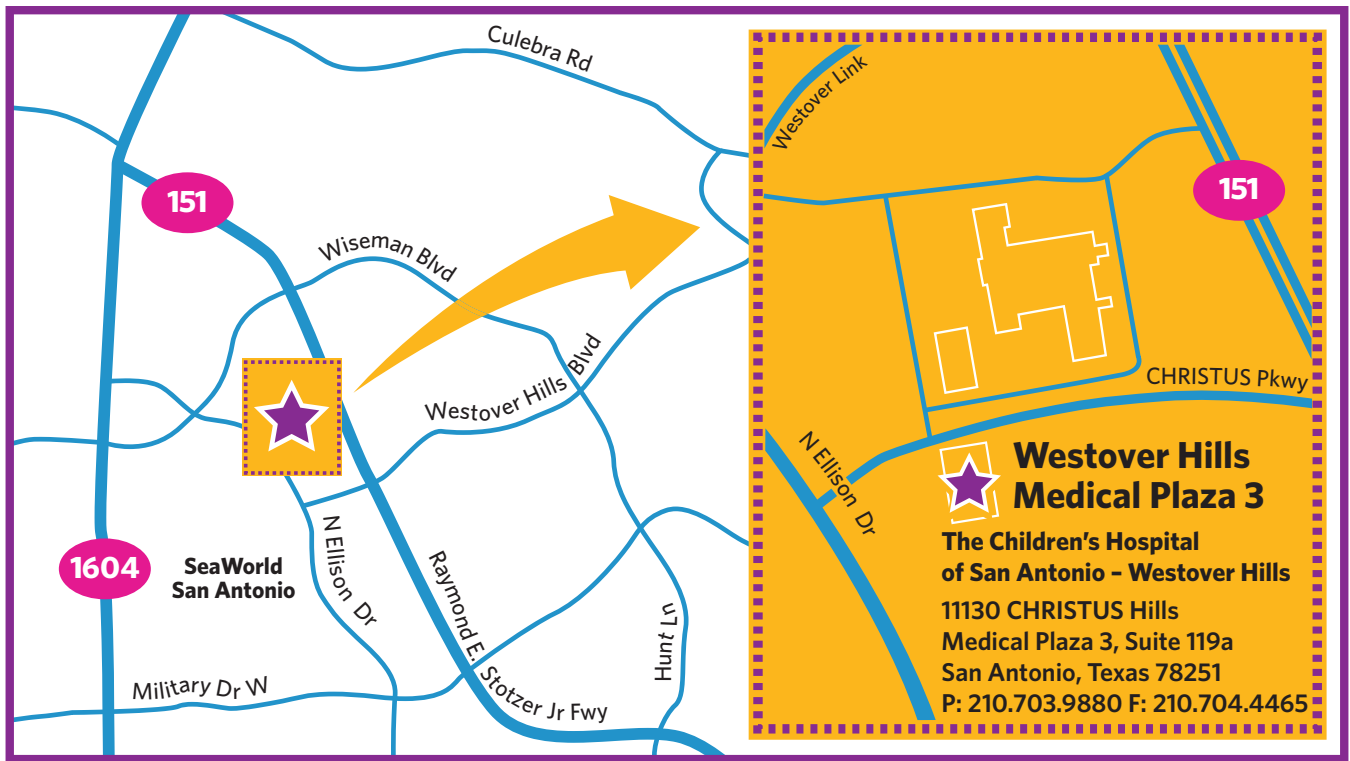
- Vital signs within normal limits
- Void x1
- Tolerates clear liquids w/o emesis
- LOC appropriate for developmental age
- Respiratory d/c criteria
 - Good air exchange
- _____

If Discharge Criteria Not Met

Call Office Cell/Pager: _____

Other: _____

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