



KidSTOP Outpatient Physician Order

Monday through Friday • 8:00 a.m. to 6:00 p.m.
333 North Santa Rosa Street
Phone: 210.704.2587 • Fax: 210.704.2868

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

Lab: 210.704.2302

- CBC w/diff
- Urinalysis
- Influenza/RSV/COVID
- CBC w/man diff
- Urine Culture
- Panel
- Blood Culture
- I/Ocath
- Culture of _____
- BMP/CMP
- Clean Catch
- T4F TSH
- Respiratory Viral Panel
- _____
- Newborn Screen
- _____
- COVID PCR Test
- _____
- Bilirubin Panel
- _____

Medications and Interventions

- IV Hydration for _____ hours (maximum 2 hours and send patient before 4:00 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 Total dose: _____
- Heparin _____ Units IV for PICC/Broviac/Port-a-cath
- TPA per protocol (no later than 3:00 p.m.)
- Tuberculin Skin Test 0.1ml Intradermal x1
(unable to administer on Thursdays. Must arrive before 5:00 p.m.)
- _____
- _____

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 Cell Number: _____
Physician Fax Number: _____
Physician (print name): _____
Signature: _____
Date: _____

Order Written:

Date: _____
Time: _____

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

- 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



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

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christuschildrens.org