



Physician Orders

LEB UROL Kidney Stone Plan

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

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient	T;N
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, post op, then q4h
Activity		
<input type="checkbox"/>	Bedrest	T;N, Routine
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<input type="checkbox"/>	Out Of Bed	T;N, tid
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	LEB Formula Orders Plan	see separate sheet
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Strict I/O	T;N, q2h(std)
<input type="checkbox"/>	Foley Care	T;N, to gravity
<input type="checkbox"/>	Hepwell Insert/Site Care LEB	T;N, Routine, q2h(std)
Continuous Infusions		
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL),Ped Injectable, IVPush, PRN, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	diphenhydramINE	_____mg(1 mg/kg), Elixir,PO, q4h, PRN, Itching, Routine, T;N, Max dose = 50mg, (5 mL = 12.5 mg)
<input type="checkbox"/>	diphenhydramINE	_____mg(1 mg/kg), Injection, IV, q4h, PRN,Itching, Routine, T;N, Max dose = 50mg
Urology Medications		
<input type="checkbox"/>	Belladonna/Opium 15A Supp	0.25 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
<input type="checkbox"/>	Belladonna/Opium 15A Supp	0.33 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
<input type="checkbox"/>	Belladonna/Opium 15A Supp	0.5 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
<input type="checkbox"/>	Belladonna/Opium 15A Supp	1 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,



Physician Orders

LEB UROL Kidney Stone Plan

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

T= Today; N = Now (date and time ordered)

PEDIATRIC

Urology Medications continued		
[]	hyoscyamine elixir	31.25 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (1.25 mL = 31.25 mcg)
[]	hyoscyamine elixir	62.5 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (2.5 mL = 62.5 mcg)
[]	hyoscyamine tablet	0.125mg, Tab, PO, q4h, prn, Bladder Spasm, Routine, T;N,
[]	oxybutynin elixir	____mg(0.2 mg/kg), Syrup, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[]	oxybutynin tablet	____mg(0.2 mg/kg), Tab, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[]	oxybutynin extended-release tablet	5 mg, ER Tablet, PO, Qday, Routine, T;N, greater than or equal to 6 years
[]	tamsulosin (flomax)	0.2 mg, Cap, PO, hs, Routine,T;N
[]	furosemide	____mg(1 mg/kg), Tab, PO, q6h, Routine, T;N
[]	furosemide	____mg(1 mg/kg), Injection, IV Push, q6h, Routine, T;N
Antibiotics		
[]	cefTRIAXone	____mg(50 mg/kg), Injection, IV Piggyback, q24h (14 day), Max dose = 2 grams
[]	nitrofurantoin	____mg(2 mg/kg), Oral Susp, PO, QDay, Routine, T;N, (14 day) Max dose = 100 mg/day, UTI Prophylaxis
[]	nitrofurantoin	50 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[]	nitrofurantoin	100 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[]	sulfamethoxazole-trimethoprim susp	____mg(2 mg/kg), Oral Susp, PO, QDay, (14 day), Routine, T;N, UTI Prophylaxis, dosed expressed as mg of trimethoprim
Pain Medications		
[]	acetaminophen	____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen-codeine liquid	____mg(1mg/kg),Liq,PO,q6h,PRN, pain,(for 5 day),routine,T;N, (5mL=12mg codeine), Max dose = 24 mg
[]	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN, pain,routine (for 5 day),T;N (1 tab = 30mg codeine)
[]	acetaminophen-HYDROcodone oral elixir	____mg(0.2mg/kg),Elixir,PO,q6h,PRN, Pain,routine,(for 5 day),T;N, (5mL = 2.5mg HYDROcodone), Max dose = 10mg
[]	acetaminophen-HYDROcodone 325 mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN, Pain,Routine,(for 5 day),T;N (1 tab = 5mg of HYDROcodone), Max dose = 10mg
[]	morPHINE	____mg/kg(0.1mg/kg),injection,IV,q3h,PRN, breakthrough pain,routine,(for 3 day)T;N, Max intial dose = 2mg
Antiemetics		
[]	ondansetron	____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg
[]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN, nausea/vomiting,routine,T;N
[]	ondansetron	____mg(0.1 mg/kg),injection,IVPush,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg



Physician Orders

LEB UROL Kidney Stone Plan

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

T= Today; N = Now (date and time ordered)

PEDIATRIC

Laboratory		
<input type="checkbox"/>	CBC	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine
Diagnostic Tests		
<input type="checkbox"/>	Abd Sing AP VW	T;N, Routine, Reason: _____, Wheelchair
<input type="checkbox"/>	CT Stone Protocol Plan	T;N, routine, Reason: kidney stone, Transport: wheelchair
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp	T;N, Routine, Reason: _____, Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Urology on call for questions
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, Who: _____, VS: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Urodynamics Teaching Consult LEB	T;N, Topic: Clean Intermittent Catheterization Education, Frequency of Trmt: _____

Date

Time

Physician's Signature

MD Number