

Physician Orders <u>LEB PH Probe Pre Procedure Plan</u> [X or R] = will be ordered unless marked out.

PEDIATRIC

Height:cm Weight:		kg				
Allergies:			[] No known aller	gies		
[][_atex allergy []Other:				
			Non Cate	gorized		
[]	Initiate Powerpla	n Phase	T;N, Phase: LEB PH	Probe Pre Procedure Phase		
			Admission/Tran	sfer/Discharge		
[]	Patient Status In	itial Inpatient	Attending Physician:	·		
Bed Type: [] Med Surg []Critical Care [] Stepdown [] Other						
[]	Patient Status In	itial Outpatient	Attending Physician:	·		
		Outpatient Status/Service: [] OP-Ambulatory [] OP-Diagnostic Procedure [] OP-Observation Services				
		Initial status - inpatient For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours				
	is required.	•				
		itial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases,				
extended recovery.						
• Routine recovery after outpatient surgery is estimated at 6-8 hours.						
• "Extended" routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated					ecover from anticipated sequela of	
surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to it					wine a status about to investigat Disease	
consult with a case manager before making this choice of "status change". • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablati					aths EP studies ablations nacemaker	
	implantations, other routine surgeries.					
	· ·	<u> </u>				
	Initial status Outpatient -Observation Services - Short term treatment, assessment and reassessment - estimate discharge within					
	•	In some cases (for Medicare patients), this can be extended to 48 hours.				
 Observation Services can also be utilized when it is unclear (without additional assessment) whether the patier stay. 				ther the patient will require an inpatient		
	Stay.					
[]	Notify Physicia	n Once	T:N of room numb	ner on arrival to unit		
[] Notify Physician Once T;N, of room number on arrival to unit Primary Diagnosis:						
Secondary Diagnosis:Food/Nutrition						
	INDO			itrition		
Ļ	NPO		T;2359			
[]	NPO		T;N			
	NPO Commun	ication Nsg		gnostic Guidelines		
			Patient			
[]	PH Probe Mon	itor Set Up	T;N, Routine, Sym	ptoms :		
			Consults/No	otifications		
[]	GI Lab Reques	GI Lab Request to schedule T;I		ace PH probe		
			Indication			
Date		Time	Physician's Sign	ature	MD Number	

