

# Physician Orders

## LEB Neurology EEG Video Monitoring Plan

### PEDIATRIC

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, q2h(std)
<input type="checkbox"/>	Vital Signs	T;N, q4h(std)
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed ( Up )	T;N, With Assistance
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	
<input type="checkbox"/>	Formula	
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Seizure Precautions	T;N
<input type="checkbox"/>	INT Insert/Site Care LEB	T;N, Routine, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<b>Continuous Infusions</b>		
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr
<b>Medications</b>		
<b>NOTE: See medication profile for current seizure medications.</b>		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL,(10 units/mL), Ped Injectable, IV Push, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	lidocaine-EPINEPHrine 1%-1:100,000	_____mL, injection, ID, once, routine,T;N, vial to floor for with sphenoidal electrode insertion
<input type="checkbox"/>	diazepam	2.5mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	5mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	7.5mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	10mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	15mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	20mg,Gel,PR,q8h,PRN Seizure Activity,routine,T;N
<input type="checkbox"/>	diazepam	_____mg(0.1mg/kg), injection, IVPush,q6h,PRN seizure activity,T;N,Max dose = 15mg
<b>Diagnostic Tests</b>		
<input type="checkbox"/>	Epilepsy Monitoring	T;N, Type of Monitoring: EEG with video, Routine

Date

Time

Physician's Signature

MD Number

