attach patient label

Physician Orders

LEB Bronchoscopy Pre Procedure Plan

PEDIATRIC

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

Height: ____________cm Weight: ___________kg

Allergies:	[ ] No known allergies	
Admission/Transfer/Discharge		
[ ]	Admit Patient	T;N
[ ]	Admit Patient to Dr. ____	
	Admit Status: [ ] Inpatient [ ] Routine Post Procedure <24hrs [ ] 23 hour OBS	
	Bed Type: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: ____________	
[ ]	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis:____		
Secondary Diagnosis: ____		
Food/Nutrition		
[ ]	NPO	Start at: T;N, Comment: Per sedation guidelines
[ ]	NPO After	T;N, NPO per Sedation Guidelines, Begin at __________
Patient Care		
[ ]	Consent Signed For	T;N, Procedure: Bronchoscopy
Laboratory		
[ ]	CBC	Routine, T;N, once, Type: Blood
[ ]	Platelet Count	Routine, T;N, once, Type: Blood
[ ]	Partial Thromboplastin Time (PTT)	Routine, T;N, once, Type: Blood
[ ]	Prothrombin Time (PT/INR)	Routine, T;N, once, Type: Blood
Diagnostic Tests		
[ ]	GI Request to Schedule	T;N, Peforming MD:____________________________, Fluoro Needed:Yes or No
[ ]	GI Request to Schedule	T;N, Peforming MD:____________________________, Fluoro Needed:Yes or No
[ ]	GI Request to Schedule	T;N, Peforming MD:____________________________, Fluoro Needed:Yes or No
Consults/Notifications		

________________ ________________ ____ ________________

Date **Time** **Physician's Signature** **MD Number**

41704 PP PULM Bronchoscopy Pre Procedure-QM-0209