Le Bonheur
Children's Medical Center

Physician Orders
LEB Renal Biopsy Pre Procedure Plan

PEDIATRIC

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

Height: _____cm   Weight: _____kg

Allergies:	[ ] No known allergies

Food/Nutrition	
[ ] NPO	Start at: T;N

Patient Care		
[ ]	Consent Signed For	T;N, Procedure: Renal Biopsy
[ ]	Supply Request CSR	T;N, Renal Biopsy tray
[ ]	Supply Request CSR	T;N, 16-gauge Achieva needle
[ ]	Nursing Communication	T;N, Have the following sent with patient: 2 pathology slips, 2 tongue depressors.

Medications		
[ ]	Buffered Lidocaine 1% Inj 20 ml	_____ mL, Injection, ID, once, Routine, T;N, Vial to ultrasound with chart
[ ]	ondansetron	____mg (0.15mg/kg),injection,IVPush, once,T;N, to be given at 12:30pm, Max dose = 4 mg

Laboratory		
[ ]	Prothrombin Time (PT)	STAT, T;N, once, Type: Blood
[ ]	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood
[ ]	Platelet Function Test	STAT, T;N, once, Type: Blood
[ ]	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood

Diagnostic Tests		
[ ]	Renal Ultrasound	T;N, Reason for Exam: Other, Enter in Comments, Wheelchair, Comment: Renal Biopsy

Consults/Notifications		

_____   _____   _____   _____

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

Q 6 5