LeBonheur Children's Medical Center

attach patient label

PHYSICIAN ORDERS

Care Set: Pediatric Outpatient Video-EEG Monitoring

Date: _____ Time: _____ Weight: _____ kg Height: _____ cm BSA _____

Admission
Admit to Dr. _____
Pager: _____
Status: [ ] Observation
[ ] Notify physician of room number on arrival to unit
Primary Diagnosis: _____
Secondary Diagnosis: _____
Allergies: [ ] No known allergies [ ] Latex allergy [ ] Other:_____
[ ] Medication allergy(s):_____
Vital Signs
[ ] Q 2 hrs
[ ] Q 4hrs
[ ] Routine
Activity
[ ] Bedrest
[ ] Assist
[ ] As tolerated
Food/Nutrition
[ ] Regular - age appropriate
Patient Care
[ ] Seizure Precautions
[ ] Notify M.D. for any problems.
[ ] Discharge after_____hours.
[ ] Follow up with _____ in office, in _____ weeks.
[ ]
[ ]
Medications (this section can be subdivided as necessary)
[ ] Heparin lock to be inserted and maintained throughout admission; flush with Heparin 10units/ml
[ ] 1% Lidocaine with Epinephrine - 1:100,000 vial to floor for sphenodial electrode insertion
[ ]
[ ]

Physician's/Nurse Practitioner's Signature	Name Printed	Physician Number	Beeper Number