Physician Orders

LEB Renal Biopsy Admit Plan

PEDIATRIC

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

Height: ________ cm  Weight: ________ kg

Allergies: [ ] No known allergies

Admission/Transfer/Discharge

[ ] 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:

[ ] Admit Patient T;N

[ ] Notify Physician Once T;N, of room number on arrival to unit

Primary Diagnosis:

Secondary Diagnosis:

Vital Signs

[ ] Vital Signs T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

[ ] Out Of Bed T;N, Up Ad Lib

Food/Nutrition

[ ] NPO Start at: T;N

Patient Care

[ ] Isolation Precautions T;N

[ ] Strict I/O T;N, Routine, q2h(std)

[ ] Hepwell Insert/Site Care LEB T;N, q2h(std)

[ ] Daily Weights T;N, Routine, qam

[ ] Consent Signed For T;N, Procedure: Renal Biopsy

[ ] Request CSR Item T;N, Renal Biopsy Tray

[ ] Request CSR Item T;N, 16 gauge Achieva needle

[ ] Nursing Communication T;N, Have the following sent with patient to Ultrasound: 2 pathology slips, 2 tongue depressors

[ ] O2 Sat Spot Check-NSG T;N, with vital signs

[ ] Cardiopulmonary Monitor T;N Routine, Monitor Type: CP Monitor

[ ] O2 Sat Monitoring NSG T;N

Respiratory Care

[ ] Oxygen Delivery T; N, ____L/min, Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

Continuous Infusions

[ ] D5 1/2NS 1000mL,IV,Routine,T;N, at _____mL/hr

Medications

[ ] Heparin 10 unit/mL flush 5 mL (10units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy

[ ] acetaminophen _____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N,Max Dose=900 mg/kg/day up to 4 g/day

[ ] acetaminophen _____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day

[ ] acetaminophen 80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day

[ ] acetaminophen 325mg, tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
**Physician Orders**

**LEB Renal Biopsy Admit Plan**

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### Medications continued

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

### Laboratory

| [ ] | CMP STAT, T;N, once, Type: Blood |
| [ ] | CBC STAT, T;N, once, Type: Blood |
| [ ] | 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 |
| [ ] | Protein Urine Random STAT, T;N, once, Type: Urine, Nurse Collect |
| [ ] | Creatinine Urine Random STAT, T;N, once, Type: Urine, Nurse Collect |
| [ ] | Pregnancy Screen Serum STAT, T;N, once, Type: Blood |

### Diagnostic Tests

| [ ] | US Retroperitoneal B Scan/Real Time Comp (Renal Ultrasound) T;N, Reason for Exam: Renal Biopsy, Wheelchair, Comment: |

### Consults/Notifications

| [ ] | Notify Resident-Continuing T;N, For: ___________________, Who: ____________________ |
| [ ] | Notify Resident-Once T;N, For: ___________________, Who: ____________________ |

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**Consults/Notifications**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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**41901 PP Renal Biopsy Admit-QM-1108**