



# Physician Orders

## LEB CARD Cath Lab/IR Pre Procedure Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<input type="checkbox"/>	<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS	
<input type="checkbox"/>	<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: _____
<input type="checkbox"/>	Height	T;N
<input type="checkbox"/>	Weight	T;N
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Spot Check (NSG)	T;N, q8h, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring (NSG)	T;N, q2h(std)
<input type="checkbox"/>	Nursing Communication	T;N, If patient is female, equal to or greater than 10 years of age and not currently on cycle, place order for Pregnancy Screen Serum if a Pregnancy Screen is not already ordered.
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T;N, _____ L/min, Titrate to keep O2 sat =/> 70%
<input type="checkbox"/>	Oxygen Delivery	T;N, _____ L/min, Titrate to keep O2 sat =/> 80%
<input type="checkbox"/>	Oxygen Delivery	T;N, _____ L/min, Titrate to keep O2 sat =/> 90%
<b>Medications</b>		
<input type="checkbox"/>	ceFAZolin	_____ mg, (25 mg/kg), Injection, IV, N/A, (for 1 dose), STAT, T;N, Pharmacy to send to cath lab, Max dose = 1 gram
<input type="checkbox"/>	vancomycin	_____ mg, (10 mg/kg), Injection, IV, N/A, (for 1 dose), STAT, T;N, Pharmacy to send to cath lab, Max dose = 1 gram
<b>Laboratory</b>		
<input type="checkbox"/>	<b>LEB Transfusion-Less than 4 Months of Age Plan</b>	<b>see separate sheet</b>
<input type="checkbox"/>	<b>LEB Transfusion- 4 Months of Age or Greater Plan</b>	<b>see separate sheet</b>
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Hematocrit & Hemoglobin	STAT, T;N, once, Type: Blood, Collection Comment: to be drawn in Cath Lab
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood



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Laboratory continued		
<input type="checkbox"/>	Basic Metabolic Panel ( BMP )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time ( PT/INR )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time ( PTT )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Urine	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, STAT, Reason: Other, enter in comments, Transport: Wheelchair Order Comment: Congenital Heart Disease
<input type="checkbox"/>	Electrocardiogram (EKG )	T;N, STAT, Reason: other specify, Congenital Heart Disease, Bedside
<input type="checkbox"/>	Echo Pediatric (0-18 years)	T;N, STAT, Reason: Congenital Heart Disease, Special Instructions: Intra-Cardiac ECHO, Perform during cath procedure
<input type="checkbox"/>	Echo Pediatric (0-18 years)	T;N, STAT, Reason: Congenital Heart Disease, Special Instructions: Transthoracic ECHO, Perform during cath procedure
<input type="checkbox"/>	TEE Pediatric 0-18	T;N, STAT, Reason: Congenital Heart Disease, Special Instructions: Perform during cath procedure
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: O2 sat less than 70%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: O2 sat less than 80%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: O2 sat less than 90%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Physician Group (Consult MD Group)	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Physician Consult (Consult MD)	T;N, Consult Who: _____, Reason: _____
<input checked="" type="checkbox"/>	Interventional Radiology Consult LeB	T;N, Routine

Date	Time	Physician's Signature	MD Number
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