



PEDIATRIC

ALL ITEMS WITH * MUST BE COMPLETED

Physician Orders

LEB SDS General Pre Op Plan - MD Office ONLY

*Patient Name:

*DOB:

FIN#:

*OR Date:

* Height: _____ cm * Weight: _____ kg

* Allergies: [] No known allergies

Admission/Transfer/Discharge

[] *Patient Status Initial: [] Inpatient [] Outpatient

Note: If Outpatient is selected, please choose a status below:

Outpatient Status/Service: [] OP-Ambulatory [] OP-Observation Services/23 hr obs

*Admitting MD:

*Reason for Visit:

*Bed Type: [] Ambulatory [] Med-Surg

*Care Team: [X] Sub-specialty

Note: If Inpatient is selected, please complete the LOS, and Supervising Physician if applicable:

*Anticipated Length of Stay: [] 2 midnights or more [] 1 midnight or less

*Supervising Physician (Mid-level provider, resident, ED only):

[X] Initiate PowerPlan Phase T;N, When to Initiate: When patient arrives to unit

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

Vital Signs

[X] Vital signs T;N, T, P, R, BP, routine

Food/Nutrition

[X] NPO T;N

Patient Care

[] Consent Signed For T;N, Procedure: _____

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

[] O2 Sat-Monitoring (NSG) T;N, q2h

[] Cardiopulmonary Monitor T;N, Routine, monitor type: CP monitor

Respiratory Care

[] Oxygen Delivery T;N, _____ L/min, Titrate to keep O2 sat equal to or greater than 92%

Laboratory

[] LEB Transfusion-Less than 4 Months of Age Plan- see separate sheet

[] LEB Transfusion-4 Months of Age or Greater Plan- see separate sheet

[] CBC T;N, STAT, blood, once

[] Hematocrit & Hemoglobin T;N, STAT, blood, once

[] CMP T;N, STAT, blood, once

[] BMP T;N, STAT, blood, once

[] PT/INR T;N, STAT, blood, once

[] PTT T;N, STAT, blood, once

[] Pregnancy Screen Serum T;N, STAT, blood, once

[] Pregnancy Test Urine T;N, STAT, blood, once

[] Urinalysis w/Reflex Microscopic Exam T;N, STAT, blood, once

Diagnostic Tests

[] Chest PA & Lat T;N, STAT, Reason: _____, Transport: Wheelchair

Consults/Notifications

[] Notify Physician-Continuous T;N, For: _____, Who: _____

[] Notify Physician-Once T;N, For: _____, Who: _____

[] Notify Resident-Continuous T;N, For: _____, Who: _____

[] Notify Resident-Once T;N, For: _____, Who: _____

[] Consult MD Group T;N, Consult Who: _____ Reason: _____

[] Consult MD T;N, Consult Who: _____, Reason: _____

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

