**Physician Orders**

**LEB Infant PFT Plan**

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

**Height:** ___________ cm  **Weight:** ___________ kg

**Allergies:** [ ] No known allergies

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**Admission/Transfer/Discharge**

[ ] Admit Patient  
T;N

[ ] Admit Patient to Dr.  
T;N

**Admit Status:** [ ] Inpatient  [ ] Routine Post Procedure <24hrs  [ ] 23 hour OBS

**Bed Type:** [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location:  

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

**Primary Diagnosis:**

**Secondary Diagnosis:**

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**Food/Nutrition**

[ ] NPO After  
T;N, See Special Instructions, NPO exception: for 0830 study, no solids or thickened feedings after 0030, no formula after 0230, no breastmilk after 0430, no clear liquids after 0630

[ ] NPO After  
T;N, See Special Instructions, NPO exception: for 1230 study, no solids or thickened feedings after 0430, no formula after 0630, no breastmilk after 0830, no clear liquids after 1030

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**Patient Care**

[ ] Consent Signed For  
T;N, Procedure: Infant PFT

[ ] Nursing Communication  
T;N, Awake patient at ______________ and keep awake until time for test

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**Respiratory Care**

**NOTE:** Patient must be less than 100cm in length and greater than 5 kilograms.

[ ] Infant PFT  
T;N Routine

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**Medications**

[ ] chloral hydrate  
_____ mg(75 mg/kg), Syrup, PO,N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(75 mg/kg), Syrup, PR, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(75 mg/kg), Syrup, NG, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(75 mg/kg), Syrup, GT, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(25 mg/kg), Syrup PO, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(25 mg/kg), Syrup, PR, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(25 mg/kg), Syrup, NG, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ ] chloral hydrate  
_____ mg(25 mg/kg), Syrup, GT, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab

[ X] Hold medication x1 dose  
T;N, Med To Hold: albuterol MDI, When To Hold: AM dose

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**Date**  
__________________  
**Time**  
__________________  
**Physician’s Signature**  
__________________  
**MD Number**  
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41705 PP PULM Infant PFT-QM-0209