



# Physician Orders

## LEB Ortho Posterior Spinal Fusion Transfer 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 checked="" type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Ortho Post Spinal Fusion Transfer Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Transfer-Physician NonMed Orders Review	T;N, Active Non Med Orders Reviewed by Physician: _____ YES
<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, Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Activity As Tolerated	T;N, Per PT Protocol
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for ice chips,and/or popsicles, maximum of 30 mL/shift
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for ice chips,and/or popsicles, maximum of 30 mL/shift, patient may chew gum PRN as tolerated
<b>Patient Care</b>		
<input type="checkbox"/>	Neurovascular Checks	T;N, q2h(std)
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Arterial Line Remove	T;N
<input type="checkbox"/>	Elevate Head Of Bed	T;N, equal to or greater than 30 degrees
<input type="checkbox"/>	Turn	T;N, q2h-Awake
<input type="checkbox"/>	Dressing Care	T;N, only to be performed by Ortho team
<input type="checkbox"/>	Dressing Care	T;N, Routine, Action: Reinforce Only, PRN, Reinforce loose dressing PRN
<input type="checkbox"/>	Drain Care	T;N, q-shift, Hemovac to gravity, record output q-shift
<input type="checkbox"/>	Foley Care	T;N, q2h(std), Foley to gravity, record output q2h
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To Lower Extremities, apply at all times until ambulating.
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Stat, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	CSR Supply Request	T;N, geomatt
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____L/min, Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.
<input type="checkbox"/>	Incentive Spirometry Teaching by RT	T;N q2h-Awake, series of 10 breaths



