Physician Orders
LEB PH Probe Post Procedure Plan
[X or R] = will be ordered unless marked out.

<table>
<thead>
<tr>
<th><strong>PEDIATRIC</strong></th>
<th><strong>Height:</strong> cm</th>
<th><strong>Weight:</strong> kg</th>
<th><strong>Allergies:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] No known allergies</td>
</tr>
</tbody>
</table>

### Non Categorized

- [ ] Initiate Powerplan Phase
  - T;N, Phase: LEB PH Probe Post Procedure Phase, When to Initiate: When patient returns to room post procedure

### Vital Signs

- [ ] Vital Signs
  - T;N per routine

### Patient Care

- [ ] Advance Diet as Tolerated
  - T;N, advance as tolerated to pre-procedure diet

- [ ] Advance Diet as Tolerated
  - T;N, Advance to: ________________________________________________

- [ ] PH Probe Monitoring
  - T;N, Complete Diary for PH Probe Study.

- [ ] O2 Spot Check-NSG
  - T;N, q8h

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

### Diagnostic Tests

- [ ] Chest 1VW Frontal
  - T;N, Reason: verify placement of PH Probe, Routine, Portable

- [ ] Chest 2VW Frontal and Lateral
  - T;N, Reason: verify placement of PH Probe, Routine, Portable

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**Date** | **Time** | **Physician’s Signature** | **MD Number**