



Physician Orders

LEB PH Probe Post Procedure Plan

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Non Categorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB PH Probe Post Procedure Phase, When to Initiate: When patient returns to room post procedure
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N per routine
Patient Care		
<input type="checkbox"/>	Advance Diet as Tolerated	T;N, advance as tolerated to pre-procedure diet
<input type="checkbox"/>	Advance Diet as Tolerated	T;N, Advance to: _____
<input type="checkbox"/>	PH Probe Monitoring	T;N, Complete Diary for PH Probe Study.
<input type="checkbox"/>	O2 Spot Check-NSG	T;N, q8h
<input type="checkbox"/>	O2 Sat Continuous Monitoring NSG	T;N, q2h
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason: verify placement of PH Probe, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal and Lateral	T;N, Reason: verify placement of PH Probe, Routine, Portable

Date	Time	Physician's Signature	MD Number
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