



Physician Orders

LEB UROL General Admit Plan

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Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient	T;N
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, post op, then q4h
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)
Activity		
<input type="checkbox"/>	Bedrest	T;N, Routine
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<input type="checkbox"/>	Out Of Bed	T;N, tid
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;2359
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	
<input type="checkbox"/>	LEB Formula Orders Plan	see separate sheet
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Foley Care	T;N, to gravity
<input type="checkbox"/>	Hepwell Insert/Site Care LEB	T;N, Routine, q2h(std)
<input type="checkbox"/>	Dressing Care	T;N
<input type="checkbox"/>	Drain Care	T;N
<input type="checkbox"/>	Supply Request CSR	T;N, Geomatt
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	RT Assess and Call	T;N, Routine, Special Instructions: Bronchial Hygiene (BHH) Protocol
<input type="checkbox"/>	Initiate Pediatric Respiratory Treatment Protocol	T;N
<input type="checkbox"/>	Incentive Spirometry Teaching by RT	T;N q1h-Awake
Continuous Infusions		
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	1/2NS	1000mL,IV,Routine,T;N, at _____ mL/hr
Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	diphenhydramINE	_____mg(1 mg/kg), Elixir,PO, q4h, PRN, Itching, Routine, T;N, Max dose = 50mg, (5 mL = 12.5 mg)
<input type="checkbox"/>	diphenhydramINE	_____mg(1 mg/kg), Injection, IV, q4h, PRN,Itching, Routine, T;N, Max dose = 50mg



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Urology Medications		
[]	Belladonna/Opium 15A Supp	0.25 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[]	Belladonna/Opium 15A Supp	0.33 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[]	Belladonna/Opium 15A Supp	0.5 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[]	Belladonna/Opium 15A Supp	1 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[]	hyoscyamine elixir	31.25 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (1.25 mL = 31.25 mcg)
[]	hyoscyamine elixir	62.5 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (2.5 mL = 62.5 mcg)
[]	hyoscyamine tablet	0.125mg, Tab, PO, q4h, prn, Bladder Spasm, Routine, T;N,
[]	oxybutynin syrup	____mg(0.2 mg/kg), Syrup, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[]	oxybutynin tablet	____mg(0.2 mg/kg), Tab, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[]	oxybutynin extended-release tablet	5 mg, ER Tablet, PO, Qday, Routine, T;N, greater than or equal to 6 years
[]	tamsulosin (flomax)	0.2 mg, Cap, PO,hs, Routine,T;N,
[]	furosemide	____mg(1 mg/kg), Tab, PO, q6h, Routine, T;N
[]	furosemide	____mg(1 mg/kg), Injection, IV Push, q6h, Routine, T;N
Antibiotics		
[]	triple antibiotic ointment	1 application, Ointment, TOP, tid, PRN,Routine, T;N, Wound Care, apply to stoma site bid-tid
[]	ampicillin	____mg(25 mg/kg), Injection, IV Piggyback, q6h (14 day), Routine, T;N, Max dose = 12 grams/day
[]	cefTRIAXone	____mg(50 mg/kg), IV Piggyback, IV Piggyback, q24h (14 day), Routine, T;N, Max dose = 2 grams
[]	clindamycin suspension	____(10 mg/kg), Oral Susp, PO, q8h (14 day), Routine, T;N
[]	clindamycin capsule	____(10 mg/kg), Cap, PO, q8h (14 day), Routine, T;N
[]	clindamycin	____(10 mg/kg), Injection,IV Piggyback, q8h (14 day), Routine, T;N
[]	erythromycin base suspension	____(20 mg/kg), Oral Susp, PO, tid, (3 doses), Routine, T;N, To be given at 1300, 1400 and 2300, Bowel Prep
[]	erythromycin base tablet	____(20 mg/kg), Tab, PO, tid, (3 doses), Routine, T;N, To be given at 1300, 1400 and 2300, Bowel Prep
[]	neomycin tablet	____(25 mg/kg), Tab, PO, tid, (3 doses), Routine, T;N, at 1300, 1400, and 2300, Bowel Prep
[]	ceFAZolin	____(25 mg/kg), Injection, IV Piggyback, q8h (14 day), Routine, T;N
[]	gentamicin bladder irrigation 0.48 mg/mL (Pediatric)	30 mL, Topical Soln, IRR, qNight, Routine, T;N, Instill into bladder
[]	cephalexin	____(12.5 mg/kg), Oral Susp, PO, q6h (14 day), Routine, T;N, Max dose = 500mg
[]	metroNIDAZOLE	____(7.5 mg/kg), Injection, IV Piggyback, q6h (14 day), Routine, T;N, Max = 4 grams/day
[]	nitrofurantoin	____mg(2 mg/kg), Oral Susp, PO, QDay, Routine, T;N, (14 day) Max dose = 100 mg/day, UTI Prophylaxis
[]	nitrofurantoin	50 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[]	nitrofurantoin	100 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[]	sulfamethoxazole-trimethoprim elixir	____mg(2 mg/kg), Oral Susp, PO, QDay, (14 day), Routine, T;N, UTI Prophylaxis, dosed as mg of TMP

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Pain Medications		
[]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen-codeine liquid	_____mg(1mg/kg),Liq,PO,q6h,PRN, pain,routine,T;N, (5mL=12mg codeine), Max dose = 24 mg
[]	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN, pain,routine,T;N (1 tab = 30mg codeine)
[]	acetaminophen-HYDROcodone oral elixir	_____mg(0.2mg/kg),Elixir,PO,q6h,PRN, Pain,routine,T;N, (5mL = 2.5mg HYDROcodone), Max dose = 10mg
[]	acetaminophen-HYDROcodone 325 mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN, Pain,T;N (1 tab = 5mg of HYDROcodone), Max dose = 10mg
[]	morPHINE	_____mg, (0.1mg/kg),injection,IV,q3h,PRN, breakthrough pain,routine,T;N, Max intial dose = 2mg
Bowel Management Medications		
[]	bisacodyl	10 mg, Supp, PR, QDay, PRN Constipation, Routine, T;N
[]	polyethylene glycol 3350	_____g(1 g/kg), Powder, PO, Qday, Routine, T;N
[]	magnesium citrate	_____mL(3 ml/kg), Liq, PO, q6h, (2 doses),Routine, T;N, less than 6 years
[]	magnesium citrate	100 ml, Liq, PO, q6h, (2 doses), Routine, T;N, 7 to 12 years
[]	magnesium citrate	150 ml, Liq, PO, q6h, (2 doses), Routine, T;N, greater than 12 years
[]	sodium biphosphate-sodium phosphate enema pediatric	66 mL, Enema, PR, once,T;N, 2 to 11 years
[]	sodium biphosphate-sodium phosphate enema adult	133 mL, Enema, PR, once,T;N
Antiemetics		
[]	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg
[]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN, nausea/vomiting,routine,T;N
[]	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg
Laboratory		
[]	CBC	T;N, Routine, once, Type: Blood
[]	Basic Metabolic Panel (BMP)	T;N, Routine, once, Type: Blood
[]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine
[]	Urine Culture	Routine, T;N, Specimen Source: Urine
Diagnostic Tests		
[]	Abd Sing AP VW	T;N, routine, Reason: _____, Transport: wheelchair
[]	CT Abdomen W Cont Plan	T;N, routine, Reason: _____, Transport: wheelchair
[]	CT Abdomen W/WO Cont Plan	T;N, routine, Reason: _____, Transport: wheelchair
[]	CT Pelvis W Cont Plan	T;N, routine, Reason: _____, Transport: wheelchair
[]	CT Pelvis WO Cont Plan	T;N, routine, Reason: _____, Transport: wheelchair
[]	Pyelogram IV W/WO KUB W/WO Tomography	T;N, routine, Reason: _____, Transport: wheelchair



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Diagnostic Tests continued		
<input type="checkbox"/>	Urethrocystogram Retrograde	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	US Abd Comp w/delay diet Plan	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	NM Kidney Vasc Flow & Funct Sing W Phar	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	NM Kidney Imaging Morphology	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	Urodynamics Evaluation LEB	T;N
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Urology on call for poor tolerance of bowel prep or questions
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, Who: _____, VS: _____
<input type="checkbox"/>	Consult MD Group	T;N
<input type="checkbox"/>	Consult MD	T;N
<input type="checkbox"/>	Urodynamics Teaching Consult LEB	T;N Topic: Clean Intermittent Cateterization
<input type="checkbox"/>	Enterostomal Therapy Consult	T;N

Date

Time

Physician's Signature

MD Number