



attach patient label here

Physician Orders PEDIATRIC Newborn Circumcision Plan

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Circumcision
<input type="checkbox"/>	Circumcision Care	T;N, Per Policy
Medications		
<input type="checkbox"/>	Lidocaine 1% preservative-free	1 mL, Injection, subcutaneous, N/A, (1 dose), Routine, T;N
<input type="checkbox"/>	Lidocaine-prilocaine topical (EMLA Cream)	1 application, Cream, TOP, N/A, (1 dose), Routine, T;N, Comment: Apply 1 hour prior to Circumcision
NOTE: If infant is to be circumcised by Mogan or Gomco technique place order below:		
<input type="checkbox"/>	bacitracin/polymyxin B topical (Double Antibiotic)	1 application, Ointment, TOP, PRN, prn Other Specify in Comment, Routine,T;N Comment: For Circumcision Care

Date	Time	Physician's Signature	MD Number
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