**Physician Orders**

**LEB Neurology EEG Video Monitoring Plan**

**PEDIATRIC**

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

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

**Vital Signs**

[ ] Vital Signs

T:N, q2h(std)

[ ] Vital Signs

T:N, q4h(std)

[ ] Vital Signs

T:N, Routine Monitor and Record T,P,R,BP

**Activity**

[ ] Bedrest

T:N

[ ] Out Of Bed ( Up )

T:N, With Assistance

[ ] Activity As Tolerated

T:N, Up Ad Lib

**Food/Nutrition**

[ ] NPO

Start at: T,N

[ ] Breastfeed

T:N

[ ] Formula Per Home Routine

[ ] Formula

[ ] Regular Pediatric Diet

Start at: T,N

**Patient Care**

[ ] Seizure Precautions

T:N

[ ] INT Insert/Site Care LEB

T:N, Routine, q2h(std)

[ ] Cardiopulmonary Monitor

T:N Routine, Monitor Type: CP Monitor

**Continuous Infusions**

[ ] D5 1/2NS

1000mL,IV,Routine, T:N, at ___mL/hr

[ ] D5 1/2 NS KCl 20 mEq/L

1000mL,IV,Routine, T:N, at ___mL/hr

**Medications**

*NOTE: See medication profile for current seizure medications.*

[ ] Heparin 10 unit/mL flush

5 mL,(10 units/mL), Ped Injectable, IV Push, prn, PRN Catheter clearance, routine,T,N, peripheral or central line per nursing policy

[ ] lidocaine-EPINEPHrine 1%-1:100,000

___mL, injection, ID, once, routine,T,N, vial to floor for with sphenoidal electrode insertion

[ ] diazepam

2.5mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

5mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

7.5mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

10mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

15mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

20mg,Gel,PR,q8h,PRN Seizure Activity, routine, T:N

[ ] diazepam

___mg(0.1mg/kg), injection, IVPush,q6h,PRN seizure activity, T:N, Max dose = 15mg

**Diagnostic Tests**

[ ] Epilepsy Monitoring

T:N, Type of Monitoring: EEG with video, Routine

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Date ____________________ Time ____________________ Physician's Signature ____________________ MD Number ____________________

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