

attach patient label here



Physician Orders

Care Set: PED Circumcision Orders

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

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

Admission/Transfer/Discharge

Vital Signs

Food/Nutrition

Patient Care

Consent Signed For T;N, Procedure: Circumcision

Circumcision Care T;N, Routine, Ad lib per diaper change.

Respiratory Care

Continuous Infusions

Medications

bacitracin-polymyxin B topical 1 application, Ointment, TOP, prn, PRN Diaper Change, Routine
(Polysporin Ointment)

Laboratory

Consults/Notifications

[] Notify Physician-Once T;N

[] Notify Physician-Continuing T;N

Date Time Physician's Signature MD Number

