# Physician Orders

**Care Set: PED Circumcision Orders**

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

<table>
<thead>
<tr>
<th>Height: ___________cm</th>
<th>Weight: __________kg</th>
</tr>
</thead>
</table>

**Allergies:**

[X] No known allergies

[ ] Medication allergy(s):

[ ] Latex allergy  [ ] Other:

## Admission/Transfer/Discharge

- Consent Signed For T;N, Procedure: Circumcision
- Circumcision Care T;N, Routine, Ad lib per diaper change.

## Respiratory Care

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

## Medications

- Notify Physician-Once T;N
- Notify Physician-Continuing T;N

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

---

28002-QM-PSURG-CIRCUMCISION-0508-Ver1