Physician Orders
LEB PH Probe Pre Procedure Plan
[X or R] = will be ordered unless marked out.

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>cm</th>
<th>Weight:</th>
<th>kg</th>
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</thead>
<tbody>
<tr>
<td>[ ] Latex allergy</td>
<td>[ ] Other:</td>
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</table>

**Non Categorized**

Initiate Powerplan Phase  
T;N, Phase: LEB PH Probe Pre Procedure Phase

**Admission/Transfer/Discharge**

Patient Status Initial Inpatient  
Attending Physician:

Bed Type: [ ] Med Surg [ ] Critical Care [ ] Stepdown [ ] Other

Patient Status Initial Outpatient  
Attending Physician:

Outpatient Status/Service: [ ] OP-Ambulatory [ ] OP-Diagnostic Procedure [ ] OP-Observation Services

Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

Initial status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.
- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient - Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours
- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

[ ] Notify Physician Once  
T;N, of room number on arrival to unit

Primary Diagnosis: ____________________________________________________

Secondary Diagnosis: __________________________________________________

**Food/Nutrition**

[ ] NPO  
T;2359

[ ] NPO  
T;N

[ ] NPO Communication Nsg  
T;N, NPO per Diagnostic Guidelines

**Patient Care**

[ ] PH Probe Monitor Set Up  
T;N, Routine, Symptoms :

**Consults/Notifications**

[ ] GI Lab Request to schedule  
T;N, Procedure:Place PH probe

Indication ____________________________________________________________

Date ___________________________  Time ___________________________  Physician’s Signature ___________________________  MD Number ___________________________