



Physician Orders PEDIATRIC: LEB Mother Heart Transplant Evaluation Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Mother Heart Transplant Evaluation Phase, When to Initiate:

LEB Mother Heart Transplant Evaluation Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
Admitting Physician:
Reason for Visit:
Bed Type: Specific Unit:
Care Team: Anticipated LOS: 2 midnights or more
Patient Status Initial Outpatient
Attending Physician:
Reason for Visit:
Bed Type: Specific Unit:
Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
[ ] OP OBSERVATION Services
Notify Physician-Once
Notify For: of room number on arrival to unit.

Laboratory

- Type and Screen Maternal
Routine, T;N, Type: Blood
Toxoplasma IgG Antibody
Routine, T;N, Type: Blood
Toxoplasma IgM Antibody
Routine, T;N, Type: Blood
Rubella IgG Antibody
Routine, T;N, Type: Blood
Cytomegalovirus by PCR Quantitative Plasma
Routine, T;N, Type: Blood
CMV IgG Antibody
Routine, T;N, Type: Blood
CMV IgM Antibody
Routine, T;N, Type: Blood
Herpes Simplex Virus Antibody IgG 1&2
Routine, T;N, Type: Blood
RPR Screen w/Reflex to Titer
Routine, T;N, Type: Blood
Hepatitis Profile (A,B & C)





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*Routine, T;N, Type: Blood*

HIV Ab/Ag Screen

*Routine, T;N, Type: Blood*

Date

Time

Physician's Signature

MD Number

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

