Physician Orders
LEB Anesthesia Pre Op Plan

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

Height: ________ cm  Weight: ________ kg

Allergies: [ ] No known allergies

Vital Signs
[ ] Vital Signs  T;N, Routine Monitor and Record T,P,R,BP

Food/Nutrition
[ ] NPO  Start at: T,N
[ ] NPO After  T;N, See Special Instructions, Per anesthesia guidelines

Patient Care
[ ] O2 Sat Spot Check-NSG  T;N, with vital signs
[ ] O2 Sat Monitoring NSG  T;N, Routine
[ ] Cardiopulmonary Monitor  T,N Routine, Monitor Type: CP Monitor

Respiratory Care
[ ] Oxygen Delivery  T,N, _____ L/min, Titrate to keep O2 sat =/> 92%

Continuous Infusions
[ ] Lactated Ringers  1,000mL,IV,Routine,T:N, at____ mL/hr
[ ] Sodium Chloride 0.9%  1,000mL,IV,Routine,T:N, at____ mL/hr

Medications
[ ] Heparin 10 unit/mL flush  5 mL (10 units/mL),Ped Injectable, IVPush, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
[ ] acetaminophen  _____ mg (10 mg/kg), Liq, PO, N/A, (1 dose), STAT,T;N
[ ] acetaminophen  80 mg, chew tab, PO, N/A, (1 dose), STAT,T;N
[ ] acetaminophen  325 mg, Tab, PO, N/A, (1 dose), STAT,T;N
[ ] acetaminophen  _____ mg (10 mg/kg), PR, dose,N/A, (1 dose), STAT,T;N
[ ] atropine  0.08 mg, Injection, IM,N/A, (1 dose), STAT,T;N
[ ] atropine  0.1 mg, Injection, IM, N/A, (1 dose), STAT,T;N
[ ] atropine  0.2 mg, Injection, IM, N/A, (1 dose), STAT,T;N
[ ] midazolam  _____mg (0.5 mg/kg), Syrup, PO, N/A, (1 dose), STAT,T,N, Max dose = 20 mg, On call to OR
[ ] midazolam  _____mg (0.1 mg/kg), Injection, IV, N/A, (1 dose), STAT,T;N, Max dose = 5 mg, On call to OR

Laboratory
[ ] CBC  STAT, T;N, once, Type: Blood
[ ] Hematocrit & Hemoglobin  STAT, T;N, once, Type: Blood
[ ] CMP  STAT, T;N, once, Type: Blood
[ ] BMP  STAT, T;N, once, Type: Blood
[ ] Prothrombin Time ( PT/INR )  STAT, T;N, once, Type: Blood
[ ] Partial Thromboplastin Time ( PTT )  STAT, T;N, once, Type: Blood
[ ] Sickle Cell Screen  STAT, T;N, once, Type: Blood
[ ] Type and Screen <4 months(DAT included)  STAT, T,N, Type: Blood
[ ] Type and Screen Pediatric  STAT, T,N, Type: Blood
[ ] Type and Crossmatch Pediatric >4 months  STAT, T;N, Reason: for OR, Type: Blood
**Physician Orders**

**LEB Anesthesia Pre Op Plan**

**PEDIATRIC**
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### Laboratory continued

<table>
<thead>
<tr>
<th>Test</th>
<th>STAT, T;N, once, Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Screen Serum</td>
<td>Blood</td>
</tr>
<tr>
<td>Pregnancy Screen Urine</td>
<td>Urine, Nurse Collect</td>
</tr>
<tr>
<td>Urinalysis w/Reflex Microscopic Exam</td>
<td>Urine, Nurse Collect</td>
</tr>
</tbody>
</table>

### Diagnostic Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>T;N, STAT, Reason: ___________________________, Transport: Wheelchair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest PA &amp; Lateral</td>
<td></td>
</tr>
</tbody>
</table>

### Consults/Notifications

<table>
<thead>
<tr>
<th>Type</th>
<th>T;N, Reason: ___________________________, Who: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Resident-Continuing</td>
<td></td>
</tr>
<tr>
<td>Notify Resident-Once</td>
<td></td>
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<tr>
<td>Notify Physician-Once</td>
<td></td>
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<tr>
<td>Consult MD Group</td>
<td></td>
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<tr>
<td>Consult MD</td>
<td></td>
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</tbody>
</table>

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Date          Time          Physician’s Signature   MD Number

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40301 PP Anesthesia Pre Op-QM-1108