



# Physician Orders

## LEB Anesthesia Pre Op Plan

### PEDIATRIC

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO After	T;N, See Special Instructions, Per anesthesia guidelines
<b>Patient Care</b>		
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Routine
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T;N, _____ L/min, Titrate to keep O2 sat $\geq$ 92%
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Lactated Ringers	1,000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000mL,IV,Routine,T:N, at _____ mL/hr
<b>Medications</b>		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	_____ mg,(10 mg/kg), Liq, PO, N/A, (1dose), STAT,T;N
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, N/A, (1dose), STAT,T;N
<input type="checkbox"/>	acetaminophen	325 mg, Tab, PO, N/A, (1dose), STAT,T;N
<input type="checkbox"/>	acetaminophen	_____ mg,(10 mg/kg), PR, dose,N/A, (1dose), STAT,T;N
<input type="checkbox"/>	atropine	0.08 mg, Injection, IM,N/A, (1 dose), STAT,T;N
<input type="checkbox"/>	atropine	0.1mg, Injection, IM, N/A, (1 dose), STAT,T;N
<input type="checkbox"/>	atropine	0.2 mg, Injection, IM, N/A, (1 dose), STAT,T;N
<input type="checkbox"/>	midazolam	_____ mg (0.5mg/kg), Syrup, PO, N/A, (1dose), STAT,T;N, Max dose = 20 mg, On call to OR
<input type="checkbox"/>	midazolam	_____ mg (0.1mg/kg), Injection, IV, N/A, (1dose), STAT,T;N, Max dose = 5 mg, On call to OR
<b>Laboratory</b>		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Hematocrit & Hemoglobin	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	CMP	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	BMP	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time ( PT/INR )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time ( PTT )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Sickle Cell Screen	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Type and Screen <4 months(DAT included)	STAT, T;N, Type: Blood
<input type="checkbox"/>	Type and Screen Pediatric	STAT, T;N, Type: Blood
<input type="checkbox"/>	Type and Crossmatch Pediatric >4 months	STAT, T;N, Reason: for OR, Type: Blood





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Laboratory continued		
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Urine	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest PA & Lateral	T;N, STAT, Reason: _____, Transport: Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, Who: _____ For: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Time**

\_\_\_\_\_

**Physician's Signature**

\_\_\_\_\_

**MD Number**