Physician Orders PEDIATRIC: LEB SDS General Pre Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: LEB SDS PreOp Phase, When to Initiate:______________________________

LEB SDS General Pre Op Phase
Admission/Transfer/Discharge
☐ Notify Physician-Once
   Notify For: of room number on arrival to unit
☐ Patient Status Initial Outpatient
   T;N Attending Physician:_______________________________________________
   Reason for Visit:_____________________________________________________
   Bed Type:____________________________________________ Specific Unit:________________________
   Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
   [ ] OP OBSERVATION Services

Vital Signs
☐ Vital Signs
   Routine Monitor and Record T,P,R,BP

Food/Nutrition
☐ NPO

Patient Care
☐ Consent Signed For
   T;N
☐ O2 Sat Spot Check-NSG
   T;N, with vital signs
☐ O2 Sat Monitoring NSG
   q2h(std)
☐ Cardiopulmonary Monitor
   T;N Routine, Monitor Type: CP Monitor
☐ PreOp Bath/Shower
   Routine, Product To Use: Other-See Special Instructions, Bathe with Chlorhexidine Wipes
   (>2months)

Respiratory Care
☐ Oxygen Delivery
   Special Instructions: Titrate to keep O2 sat =/> 92%

Laboratory
☐ LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
☐ LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
☐ CBC
   STAT, T;N, once, Type: Blood
☐ Hematocrit & Hemoglobin
   STAT, T;N, once, Type: Blood
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- CMP
  - STAT, T;N, once, Type: Blood
- BMP
  - STAT, T;N, once, Type: Blood
- PT/INR
  - STAT, T;N, once, Type: Blood
- PTT
  - STAT, T;N, once, Type: Blood
- Pregnancy Screen Serum
  - STAT, T;N, once, Type: Blood
- Pregnancy Screen Urine
  - STAT, T;N, once, Type: Urine, Nurse Collect
- Urinalysis w/Reflex Microscopic Exam
  - STAT, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests
- Chest PA & Lateral
  - T;N, Stat, Wheelchair

Consults/Notifications/Referrals
- Notify Physician-Continuing
- Notify Physician-Once
- Notify Resident-Continuing
- Notify Resident-Once
- Consult MD Group
- Consult MD
- PT Ped Ortho Eval & Tx
  - Routine

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 order
R - Required order