Physician Orders PEDIATRIC: LEB GEN SURG Esophageal FB Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: LEB GEN SURG Esophageal FB Admit Phase, When to Initiate: ________________

LEB GEN SURG Esophageal FB Admit Phase
Admission/Transfer/Discharge
☑ Patient Status Initial Outpatient
  T,I, N 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

Vital Signs
☑ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)

Activity
☑ Activity As Tolerated
  Up Ad Lib

Food/Nutrition
☑ NPO

Patient Care
☑ Intake and Output
  Routine, q2h(std)
☑ Hepwell Insert/Site Care LEB
  Routine, q2h(std)
☑ Cardiopulmonary Monitor
  T,I, N Routine, Monitor Type: CP Monitor, Special Instructions: Upon arrival to floor.
☑ O2 Sat Monitoring NSG

Continuous Infusion
Maintenance IV Fluids
☑ D5 1/2 NS KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

Medications
☑ +1 Hours acetaminophen
  10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
  Comments: For temperature greater than 38 degrees Celsius

Diagnostic Tests
☐ Chest PA & Lateral
  T,I, N, Reason for Exam: Other, Enter in Comments, Routine, Wheelchair
  Comments: Foreign Body Ingestion

☐ Chest 1 View
  ☑ T+1:0600, Reason For Exam Other, Enter in Comments, Routine, Portable (DEF)*
  ☑ T+1:0600, Reason For Exam Other, Enter in Comments, Routine, Portable

Consults/Notifications/Referrals
☑ Notify Physician-Continuing
  Notify: Resident on call, Notify For: of temperature 38.5 degrees C or greater, difficulty breathing, or urinary output less than 1mL/kg/hr
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☑ Notify Physician-Once
   Notify: PCP, Notify For: of admission in AM

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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*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