



Physician Orders

Care Set: PED SDS Preop Orders

[X or R] = will be ordered unless marked out.

Height: _____ cm Weight: _____ kg

Allergies: [] No known allergies

[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

Admission/Transfer/Discharge

[] Admit Patient to Dr. _____

Admit Status: [] Inpatient [] Routine Post Procedure <24hrs [] 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours

expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: [] Med/Surg [] Critical Care [] Stepdown [] Telemetry; Specific Unit Location: _____

[] Notify physician of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

[X] Vital Signs Per Unit Protocol T;N, Monitor and Record T,P,R,BP

[X] Vital Signs T;N, Routine Monitor and Record T,P,R,BP, per unit routine

Activity

[X] Out Of Bed T;N, Up As Tolerated, Activity as tolerated

Food/Nutrition

[X] NPO Start at: T;N

[] Clear Liquid Diet Start at: T;N

Patient Care

[X] O2 Sat Monitoring NSG T;N

Respiratory Care

Continuous Infusions

Medications

NOTE: IF patient weight greater than 5kg, order atropine below:

[] atropine 0.02 mg/kg, IM, once, PRN excess secretions, Routine, T;N

NOTE: IF patient weight less than or equal to 5kg, order atropine below:

[] atropine 0.01 mg/kg, IM, once, PRN excess secretions, Routine, T;N

[] midazolam 0.25 mg/kg, Susp, PO, once, PRN Agitation, T;N

[] glycopyrrolate 4 mcg/kg, IM, once, PRN Other, specify in Comment, Routine, T;N

[] glycopyrrolate 40 mcg/kg, Susp, PO, once, PRN Other, specify in Comment, T;N

[] diazepam 0.1 mg/kg, PO, once, PRN Agitation, Routine, T;N

[] albuterol 2.5 mg, Inh Soln, NEB, once, PRN Wheezing, Routine, T;N

[] lidocaine-prilocaine topical 1 application, Test

(Emla topical cream)

[] lidocaine-prilocaine topical (Emla) 1 application, TOP, once, PRN Other, specify in Comment, Routine, T;N

Laboratory

[X] CBC T;N, STAT, once, Type: Blood

[X] CBC x T;N, Stat, once, Specimen Type: Blood

[X] CBC (G'town) x T;N, Stat, once, Specimen Type: Blood





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Laboratory (continued)

<input checked="" type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood
<input checked="" type="checkbox"/>	Basic Metabolic Panel x (BMP x)	T;N, Stat, once, Specimen Type: Blood
<input checked="" type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood
<input checked="" type="checkbox"/>	Prothrombin Time x (PT/INR x)	T;N, Stat, once, Specimen Type: Blood
<input checked="" type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood
<input checked="" type="checkbox"/>	Partial Thromboplastin Time x (PTT x)	T;N, Stat, once, Specimen Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT)	
<input type="checkbox"/>	Prothrombin Time x (PT x)	
<input type="checkbox"/>	Type and Crossmatch PRBC	T;N,STAT,Reason: for OR,Type: Blood,Nurse Collect
<input type="checkbox"/>	Crossmatch N/S x (Type and Cross N/S x)	T;N, Stat, Reason: for OR, Nurse Collect
<input type="checkbox"/>	Crossmatch U/M x (Type and Cross U/M x)	T;N, Stat, Reason: for OR, Nurse Collect
<input type="checkbox"/>	Crossmatch G x (Type and Cross G x)	T;N, Stat, Reason: for OR, Nurse Collect
<input type="checkbox"/>	Transfusion Less Than 4 Months	T;N, STAT, Reason: for OR, Type: Blood
<input type="checkbox"/>	Type and Crossmatch - LeBonheur	T;N, STAT, Reason: for OR, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Serum x	T;N, Stat, once, Specimen Type: Blood

Consults/Notifications

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Date	Time	Physician's Signature	MD Number