



Physician Orders

LEB Peritoneal Dialysis Outpatient Plan

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

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Peritoneal Dialysis Outpatient Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, 		
<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, per unit routine
Patient Care		
<input type="checkbox"/>	Peritoneal Dialysis-Pediatric	T;N
Priority:		
Frequency:		
Duration:		
Machine type:		
PD Solution:		
Fill Volume:		
Total Trmt Time:		
Total Trmt Volume:		
Cycles:		
Last Fill Volume:		
Last Fill Solution:		
Special Instructions:		
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: _____
<input type="checkbox"/>	Height	T;N, Routine, once
<input type="checkbox"/>	Weight	T;N, Routine, weigh on admission
<input type="checkbox"/>	DIALYSIS Nsg Communication	T;N, Transfer Set: change q6months



