



Physician Orders PEDIATRIC: LEB ENT Surgery Pre Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: *LEB ENT Surg Pre Op Phase, When to Initiate:* _____

LEB ENT Surgery Pre Op Phase

Admission/Transfer/Discharge

- 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
Monitor and Record T,P,R,BP

Food/Nutrition

- NPO Communication Nsg
After Midnight
- NPO

Patient Care

- Consent Signed For
T;N
- O2 Sat Spot Check-NSG
with vital signs
- O2 Sat Monitoring NSG
- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor

Respiratory Care

- Oxygen Delivery
Special Instructions: Titrate to keep O2 Sat greater than or equal to 92%.

Medications

- +1 Hours** ofloxacin 0.3% otic solution
 - _____ drop, Otic Soln, Left Ear, bid, Routine, (for 7 day) (DEF)*
 - _____ drop, Otic Soln, Right Ear, bid, Routine, (for 7 day)
 - _____ drop, Otic Soln, Both Ears, bid, Routine, (for 7 day)
- +1 Hours** ciprofloxacin-dexamethasone 0.3%-0.1% otic suspension
 - _____ drop, Otic Susp, Left Ear, bid, Routine, (for 7 day) (DEF)*
 - _____ drop, Otic Susp, Right Ear, bid, Routine, (for 7 day)
 - _____ drop, Otic Susp, Both Ears, bid, Routine, (for 7 day)

Laboratory

- CBC
STAT, T;N, once, Type: Blood
- Hematocrit & Hemoglobin
STAT, T;N, once, Type: Blood
- CMP
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- PT/INR





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STAT, T;N, once, Type: Blood

PTT

STAT, T;N, once, Type: Blood

LEB Transfusion Less Than 4 Months of Age Plan(SUB)*

LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

Pregnancy Screen Serum

STAT, T;N, once, Type: Blood

Pregnancy Screen Urine

STAT, T;N, once, Type: Urine

Urinalysis w/Reflex Microscopic Exam

Routine, T;N, once, Type: Urine

Diagnostic Tests

Chest PA & Lateral

T;N, Stat, Portable

Consults/Notifications/Referrals

Consult MD Group

Consult MD

Notify Physician-Once

Notify For: Of room number on arrival to unit.

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 sheet

R-Required order

