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
☐ BMP
   STAT, T;N, once, Type: Blood
☐ PT/INR
**Physician Orders PEDIATRIC: LEB ENT Surgery Pre Op Plan**

- **STAT, T;N, once, Type: Blood**
  - PTT
  - 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.**

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

*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