Physician Orders PEDIATRIC: LEB STAT Lab Orders Plan

LEB STAT Lab Orders Plan
Respiratory Care
☐ ISTAT POC (RT Collect)
  T:N Stat once, Test Select Ionized calcium
☐ ISTAT POC (RT Collect)
  T:N Stat once, Test Select ABG, Preferred Specimen Type: Arterial
☐ ISTAT POC (RT Collect)
  T:N Stat once, Test Select ABG, Preferred Specimen Type: Capillary

Laboratory
Microbiology
☐ Blood Culture
  STAT, T:N, once, Specimen Source: Peripheral Blood
☐ Blood Culture
  STAT, T:N, once, Specimen Source: Line, Central, Nurse Collect
☐ Urine Culture
  STAT, T:N, Specimen Source: Urine, Catheterized, Nurse Collect

Chemistry
☐ Basic Metabolic Panel
  STAT, T:N, once, Type: Blood
☐ Comprehensive Metabolic Panel
  STAT, T:N, once, Type: Blood
☐ Electrolytes
  STAT, T:N, once, Type: Blood
☐ Alcohol Level
  STAT, T:N, once, Type: Blood
☐ Ammonia Level
  STAT, T:N, once, Type: Blood
☐ Beta-Hydroxybutyrate
  STAT, T:N, once, Type: Blood
☐ CRP
  STAT, T:N, once, Type: Blood
☐ Glucose Level
  STAT, T:N, once, Type: Blood
☐ Magnesium Level
  STAT, T:N, once, Type: Blood
☐ Osmolality Urine
  STAT, T:N, once, Type: Urine
☐ Potassium Level
  STAT, T:N, once, Type: Blood
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☐ Urea Nitrogen
    STAT, T;N, once, Type: Blood

☐ Brain Natriuretic Peptide
    STAT, T;N, once, Type: Blood

☐ Myoglobin
    STAT, T;N, once, Type: Blood

☐ Troponin-I
    STAT, T;N, once, Type: Blood

☐ Pregnancy Screen Serum
    STAT, T;N, once, Type: Blood

**Hematology**

☐ CBC
    STAT, T;N, once, Type: Blood

☐ Reticulocyte Count
    STAT, T;N, once, Type: Blood

☐ Erythrocyte Sedimentation Rate
    STAT, T;N, once, Type: Blood

☐ WBC Count
    STAT, T;N, once, Type: Blood

☐ PT
    STAT, T;N, once, Type: Blood

☐ INR
    STAT, T;N, once, Type: Blood

☐ APTT
    STAT, T;N, once, Type: Blood

**Drug Monitoring**

☐ Carbamazepine Level
    STAT, T;N, once, Type: Blood

☐ Digoxin Level
    STAT, T;N, once, Type: Blood

☐ Phenobarbital Level
    STAT, T;N, once, Type: Blood

☐ Phenytoin Level
    STAT, T;N, once, Type: Blood

☐ Valproic Acid Level
    STAT, T;N, once, Type: Blood

Date                Time                  Physician’s Signature                  MD Number

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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