



**Physician Orders PEDIATRIC: LEB Oral Maxillofacial Pre Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase  
*Phase: LEB Oral Maxillofacial Preop Phase, When to Initiate: \_\_\_\_\_*

**LEB Oral Maxillofacial Pre Op Phase**

**Admission/Transfer/Discharge**

- Patient Status Initial Inpatient  
*T;N Admitting Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_*  
*Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more*

**Vital Signs**

- Vital Signs  
*Monitor and Record T,P,R,BP*

**Activity**

- Activity As Tolerated  
*Up Ad Lib*

**Food/Nutrition**

- NPO

**Patient Care**

- Consent Signed For
- O2 Sat Spot Check-NSG  
*with vital signs*
- Cardiopulmonary Monitor  
*Routine, Monitor Type: CP Monitor*

**Laboratory**

- BMP  
*STAT, T;N, once, Type: Blood*
- CBC  
*STAT, T;N, Type: Blood*
- Hct  
*STAT, T;N, once, Type: Blood*
- PT/INR  
*STAT, T;N, once, Type: Blood*
- PTT  
*STAT, T;N, once, Type: Blood*
- Pregnancy Screen Serum  
*STAT, T;N, once, Type: Blood*
- CRP  
*STAT, T;N, once, Type: Blood*
- Glucose Level  
*STAT, T;N, once, Type: Blood*
- Hepatic Panel  
*STAT, T;N, once, Type: Blood*
- Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, once, Type: Urine, Nurse Collect*

**Diagnostic Tests**

- Chest 1 View  
*T;N, Routine, Portable*

**Consults/Notifications/Referrals**



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- Notify Physician-Once  
*Notify For: of room number on arrival to unit*

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