

# Physician Orders

## LEB Neuro Cerebral Arteriogram w/Wada Test Plan

PEDIATRIC

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, Routine
<input type="checkbox"/>	Out Of Bed	T;N, tid
<input type="checkbox"/>	Out Of Bed ( Up )	T;N, With Assistance
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except seizure meds
<b>Patient Care</b>		
<input type="checkbox"/>	Neurovascular Checks	T;N, Routine
<input type="checkbox"/>	Seizure Precautions	T;N
<b>Continuous Infusions</b>		
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr
<b>Medications</b>		
<input type="checkbox"/>	Amytal Sodium	_____ mg, injection,IV, once,T;N, 500mg IV- 1 vial, for Wada test to be delivered to Cardiac Cath Lab and administered by MD in Cath Lab
<input type="checkbox"/>	Brevital Sodium	_____ mg, injection,IV, once,T;N, 500mg IV- 1 vial, for Wada test to be delivered to Cardiac Cath Lab and administered by MD in Cath Lab
<b>Laboratory</b>		
<input type="checkbox"/>	Partial Thromboplastin Time ( PTT )	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time ( PT/INR )	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel ( BMP )	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Urine	Routine, T;N, once, Type: Urine
<input type="checkbox"/>	<b>LEB Anticonvulsant Lab Orders</b>	<b>see separate sheet</b>
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Interventional Radiology Consult LeB only	T;N, routine, Reason: Cerebral Arteriogram W/Wada Test, Transport: Wheelchair

Date

Time

Physician's Signature

MD Number

