**Physician Orders**

**LEB Neuro Cerebral Arteriogram w/Wada Test Plan**

**PEDIATRIC**

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

<table>
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<tr>
<th>Height: ________ cm</th>
<th>Weight: ________ kg</th>
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**Allergies:**

- [ ] No known allergies

**Vital Signs**

- Vital Signs: T;N, Routine Monitor and Record T,P,R,BP

**Activity**

- Bedrest: T;N, Routine
- Out Of Bed: T;N, tid
- Out Of Bed ( Up ): T;N, With Assistance
- Activity As Tolerated: T;N, Up Ad Lib

**Food/Nutrition**

- NPO: Start at: T;N, Instructions: NPO except seizure meds

**Patient Care**

- Neurovascular Checks: T;N, Routine
- Seizure Precautions: T;N

**Continuous Infusions**

- D5 1/2NS: 1000mL, IV, Routine, T;N, at _____ mL/hr
- D5 1/2 NS KCl 20 mEq/L: 1000mL, IV, Routine, T;N, at _____ mL/hr

**Medications**

- 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
- 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

**Laboratory**

- Partial Thromboplastin Time (PTT): T;N, Routine, once, Type: Blood
- Prothrombin Time (PT/INR): Routine, T;N, once, Type: Blood
- Basic Metabolic Panel (BMP): Routine, T;N, once, Type: Blood
- CBC: Routine, T;N, once, Type: Blood
- Pregnancy Screen Urine: Routine, T;N, once, Type: Urine
- LEB Anticonvulsant Lab Orders: see separate sheet

**Consults/Notifications**

- Interventional Radiology Consult LeB only: T;N, routine, Reason: Cerebral Arteriogram W/Wada Test, Transport: Wheelchair

________________________  __________________________  __________________________  __________________________
Date                              Time                              Physician’s Signature                                              MD Number