**Physician Orders**

**LEB Renal Biopsy Pre Procedure Plan**

**PEDIATRIC**

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

<table>
<thead>
<tr>
<th>Height: ___________ cm</th>
<th>Weight: ___________ kg</th>
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</thead>
</table>

**Allergies:** [ ] No known allergies

**Food/Nutrition**

[ ] NPO

Start at: T;N

**Patient Care**

[ ] Consent Signed For

T;N, Procedure: Renal Biopsy

[ ] Supply Request CSR

T;N, Renal Biopsy tray

[ ] Supply Request CSR

T;N, 16-gauge Achieva needle

[ ] Nursing Communication

T;N, Have the following sent with patient: 2 pathology slips, 2 tongue depressors.

**Medications**

[ ] Buffered Lidocaine 1% Inj 20 ml

_____ mL, Injection, ID, once, Routine, T;N, Vial to ultrasound with chart

[ ] ondansetron

_____ mg (0.15mg/kg), injection, IV Push, once, T;N, to be given at 12:30pm, Max dose = 4 mg

**Laboratory**

[ ] Prothrombin Time (PT)

STAT, T;N, once, Type: Blood

[ ] Partial Thromboplastin Time (PTT)

STAT, T;N, once, Type: Blood

[ ] Platelet Function Test

STAT, T;N, once, Type: Blood

[ ] Pregnancy Screen Serum

STAT, T;N, once, Type: Blood

**Diagnostic Tests**

[ ] Renal Ultrasound

T;N, Reason for Exam: Other, Enter in Comments, Wheelchair, Comment: Renal Biopsy

**Consults/Notifications**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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41905 PP Renal Biopsy Pre Procedure-QM-1108