



attach patient label

# Physician Orders

## PED GEN SURG Admit Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED GEN SURG Admit Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N, Of room number on arrival to unit.
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q2h(std)
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed ( Activity As Tolerated)	T;N, Up Ad Lib
<input type="checkbox"/>	Ambulate	T;N, ambulate in hall _____ times daily
<input type="checkbox"/>	Bedrest	T;N
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	INT Insert/Site Care	T;N, Routine, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor
<input type="checkbox"/>	Repleg (NGT)	T;N, Suction Strength: Low Intermittent
<input type="checkbox"/>	Repleg (NGT)	T;N, Flush, NGT with _____ mL normal saline every _____ hours
<input type="checkbox"/>	Nursing Communication	T;N, Ensure polyethylene glycol 3350 with electrolytes regimen is completed before midnight
<input type="checkbox"/>	Nursing Communication	T;N, Ensure patient has IVF infusing before starting polyethylene glycol 3350 with electrolytes
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<b>Bolus IV Fluids</b>		
<input type="checkbox"/>	Sodium Chloride 0.9%	10mL/kg or _____ mL, Injection,IV, (Infuse over: 1 hr), 1 dose,Routine, T;N
<b>Maintenance IV Fluids</b>		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T;N, at _____ mL/hr
<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>Replacement IV Fluids</b>		
<input type="checkbox"/>	1/2NS KCL 20mEq/L	1000mL,IV,Routine,Replacement IV Fluids,T;N, Replace NG output mL/mL every 4 hours
<input type="checkbox"/>	Lactated Ringers	1000mL,IV,Routine,Replacement IV Fluids,T;N, Replace NG output mL/mL every 4 hours



# Physician Orders

## PED GEN SURG Admit Plan

[X or R] = will be ordered unless marked out.

### PEDIATRIC

Medications		
[ ]	clindamycin	____mg(10 mg/kg), Injection, IV Piggyback, q8h (14 day), routine, T;N, Max dose = 4.8 grams/day
[ ]	ceftazidime	____mg(50 mg/kg), Injection, IV Piggyback, q8h (14 day), routine, T;N, Max dose = 2 grams
[ ]	cefoxitin	____mg(30 mg/kg), Injection, IV Piggyback, q8h (14 day), routine, T;N, Max dose = 12 grams/day
[ ]	acetaminophen	____mg(10mg/kg), Supp, PR, q4h, PRN Pain or Fever, Routine, T;N For temperature greater than 38.5 degrees Celsius, Max Dose=90 mg/kg/day up to 4 g/day
[ ]	ketorolac	____mg(0.5 mg/kg), Injection, IV Piggyback, q6h, (8 dose), Routine, T;N, Max dose = 30 mg
[ ]	morPHINE	____mg/kg(0.05mg/kg), injection, IV, q2h, PRN breakthrough pain, Routine, T;N
[ ]	ranitidine	____mg(1mg/kg), injection, IV, q8h, routine, T;N, Max dose = 150mg/day
[ ]	ondansetron	____mg(0.1 mg/kg), injection, IV, q8h, PRN nausea, routine, T;N, Max dose =
[ ]	polyethylene glycol 3350 with electrolytes	____ mL, Oral Soln, NG, q1h, (4 dose), Routine, T;N, To be given at 25 mL/kg/hr for four hours via NGT, Max total volume = 100mL/kg, Until rectal effluent is clear. Complete by midnight.
[ ]	Normal saline enema	____ mL, (10 mL/kg), Enema, PR, once, Routine, T;N
Laboratory		
[ ]	Coombs, Direct	Routine, T;N, once, Type: Blood
[ ]	Antibody Screen	Routine, T;N, once, Type: Blood
[ ]	Type and Screen	Routine, T;N, once, for OR, Type: Blood
[ ]	Pediatric Red Cell Transfuse	Routine, T;N, once, Reason: transfuse, Type: Blood, Comment: Type and Screen
[ ]	Type and Crossmatch PRBC	Routine, T;N, once, Reason: for OR, Type: Blood
[ ]	Crossmatch Additional Units	Routine, T;N
[ ]	Crossmatch Units from Type and	Routine, T;N
[ ]	Blood Keep Ahead Order	Routine, T;N
[ ]	Plasma Transfuse	Routine, T;N, Reason: for transfuse
[ ]	Platelets Transfuse	Routine, T;N, Reason: for transfuse
[ ]	Cryoprecipitate Transfuse	Routine, T;N, Reason: for transfuse
[ ]	Granulocytes Transfuse	Routine, T;N, Reason: for transfuse, Comment: Requires Blood Bank approval
[ ]	CBC	Routine, T;N, once, Type: Blood
[ ]	Blood Culture	Routine, T;N, once, Specimen Source: Peripheral Blood
[ ]	Basic Metabolic Panel ( BMP )	Routine, T;N, Type: Blood
[ ]	Comprehensive Metabolic Panel (CMP)	Routine, T;N, once, Type: Blood
[ ]	Amylase Level	Routine, T;N, once, Type: Blood
[ ]	Lipase Level	Routine, T;N, once, Type: Blood
[ ]	Partial Thromboplastin Time ( PTT )	Routine, T;N, once, Type: Blood
[ ]	Prothrombin Time ( PT/INR )	Routine, T;N, once, Type: Blood
[ ]	Ova/Parasites ( Stool Ova & Parasites )	Routine, T;N, Specimen Source: Stool, Nurse Collect

# Physician Orders

## PED GEN SURG Admit Plan

[X or R] = will be ordered unless marked out.

### PEDIATRIC

Laboratory continued		
<input type="checkbox"/>	Stool WBC	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Clostridium difficile Assay	Routine, T;N, once, Type: Stool, Nurse Collect, Comment: Test cannot be performed on formed stools.
<input type="checkbox"/>	Stool Culture	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum	Routine, T;N, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	US Pelvic Non OB Comp	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	<b>US Abd Comp w/delay diet Plan</b>	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	<b>CT Abd W/WO Cont Plan</b>	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	<b>CT Pelvis W/WO Cont Plan</b>	T;N, routine, Transport: Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: _____, For: temperature 38.5 degrees, persistent abdominal pain or vomiting, or urinary output less than 1mL/kg/hr over 4 hours
<input type="checkbox"/>	Notify Physician-Once	T;N, Who: _____, For: Notify PCP of admission in AM

\_\_\_\_\_  
 Date                      Time                      Physician's Signature                      MD Number