attach patient label

Methodist Le Bonheur Healthcare

Physician Orders

PED General Medicine Admit Plan

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

PEDIATRIC

Height: _____**cm** **Weight:** _____**kg**

Allergies:		[ ] No known allergies
[ ]	Initiate Powerplan Phase	T;N, Phase: LEB Gen Med Admit Phase
	Admission/Transfer/Discharge	
[ ]	Admit Patient to Dr. _____	
	Admit Status: [ ] Inpatient [ ] Routine Post Procedure <24hrs [ ] 23 hour OBS	
	Bed Type: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: _____	
[ ]	Admit Patient	T;N
[ ]	Notify Physician-Once	T;N, Of room number on arrival to unit.
Primary Diagnosis:_____		
Secondary Diagnosis: _____		
	Vital Signs	
[ ]	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
[ ]	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
	Activity	
[ ]	Out Of Bed (Activity As Tolerated)	T;N, Up As Tolerated
	Food/Nutrition	
[ ]	NPO	Start at: T;N
[ ]	Breastfeed	T;N
[ ]	Formula Per Home Routine	T;N,
[ ]	Regular Pediatric Diet	Start at: T;N
	Patient Care	
[ ]	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated
[ ]	Isolation Precautions	T;N, Isolation Type: Droplet Precautions
[ ]	Isolation Precautions	T;N, Isolation Type: Contact Precautions
[ ]	Isolation Precautions	T;N, Isolation Type: Droplet Precautions, Contact Precautions
[ ]	Strict I/O	T;N, Routine, q2h(std)
[ ]	Daily Weights	T;N, Routine, qEve
[ ]	O2 Sat Spot Check-NSG	T;N, with vital signs
[ ]	O2 Sat Monitoring NSG	T;N
[ ]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
	Respiratory Care	
[ ]	O2-Nasal Cannula	T; N, _____L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
[ ]	Simple Facemask	T; N, _____L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
	Continuous Infusions	
[ ]	Sodium Chloride 0.9% Bolus	_____mL, Injection, IV, once, Infuse over 15 min,STAT, T;N
[ ]	D51/2NS	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/4 NS	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at____mL/hr

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	Medications	
[ ]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4g/day
[ ]	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4g/day
[ ]	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4g/day
[ ]	**LEB Anti-infectives Order Plan**	**See separate sheet**
	Laboratory	
[ ]	CBC	T;N, Routine, once, Type: Blood
[ ]	CMP	Routine, T;N, once, Type: Blood
[ ]	Urinalysis	STAT, T;N, once, Type: Urine Catherized, Nurse Collect
[ ]	Urinalysis	STAT, T;N, once, Type: Urine, Nurse Collect
[ ]	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine Catherized, Nurse Collect
[ ]	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
	Consults/Notifications	
[ ]	Physician Group Consult	----
[ ]	Physician Consult	T;N, Consult Who:_____, Reason:_____
[ ]	Notify Physician-Continuing	T;N, of uncontrolled fever, increased respiratory distress, persistent vomiting, and no urine output for 8 hours.

Date	Time	Physician's Signature	MD Number