

Physician's Orders

GENERAL PRE-SCHEDULED SURGERY - PRE-PROCEDURE, PEDIATRIC

Page 1 of 2

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 CSN _____

Date of Surgery _____

Surgeon/Physician _____

Patient name _____ Date of birth _____

REQUIRED: Prepare consent (Consent to read) _____

REQUIRED: Weight _____ kilograms (only) **REQUIRED:** Allergies _____

REQUIRED (must choose one): A.M. Admit: Admit to Inpatient Outpatient
 Potential extended recovery (patient remains outpatient status, but may require overnight stay. Final determination to be made post procedure)

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

ANCILLARY CONSULT:

- Physical Therapy evaluation and treatment
Reason for Physical Therapy: _____
- Crutch training

PATIENT CARE/ACTIVITY:

Sequential compression device: Knee high

NURSING PRE-PROCEDURE:

- Chlorhexidine cloth skin cleansing. Site _____
- Skin and nasal antisepsis
- Oral, skin and nasal antisepsis
- Pre-procedure hair clipping
- Void

LABORATORY:

- Need result pre-procedure Draw labs in operating room (OR)
- Laboratory studies/diagnostic tests Protocol - pre-procedure anesthesia orders: Pre-procedure - May initiate.
- Basic metabolic panel CMP
- Allergen specific IgE CBC without diff.
- CBC with manual diff. PTT
- Protime (with INR) UA, culture if indicated
- Urinalysis (UA) Lytes
- Blood type, ABO/Rh typing

LABORATORY: (CONTINUED)

- TYPE AND SCREEN: PRBC's _____ number of units
- Protocol - Pre-procedure anesthesia orders: Pre-procedure - May initiate
 - Oxygen Therapy protocol
 - For SH Grand Rapids: POC pregnancy test urine
 - For other locations: Pregnancy qualitative urine
- Pregnancy quantitative blood if unable to void
- POC GLUCOSE TESTING:
 - For all patients with known diabetes
- NOTIFY:
 - Anesthesia, if blood glucose is greater than 180 or less than 70

IMAGING:

- DR CHEST SINGLE VIEW: Stretcher Bedside
- Chest PA lateral
- FL C-arm procedure

IV SOLUTIONS:

- NOTE:** For all diabetic patients with renal insufficiency, use 0.9% sodium chloride.
- Lidocaine (JTIP lidocaine (buffered)) 0.2 mL, ID for IV starts and labs
 - Lidocaine prilocaine topical, 1 application, TOP for IV starts and lab
 - Lactated ringers solution 1000 mL IV, 10 mL/hr
 - Sodium chloride 0.9% 1000 mL IV, 10 mL/hr
 - Plasma-Lyte-A 1000 mL IV, 10 mL/hr

CONTINUED ON PAGE 2 →

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician Sign

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GENERAL PRE-SCHEDULED SURGERY - PRE-PROCEDURE, PEDIATRIC (CONTINUED)

Page 2 of 2

Patient Name
DOB
MRN
Physician
CSN

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

MEDICATIONS:

- Ampicillin 50 mg/kg IV once (max 2 gm)
- Gentamicin 2.5 mg/kg IV once
- Cefoxitin 40 mg/kg IV once (max 2 gm)
- CEFAZOLIN:
 - 30 mg/kg IV (max 2 gm) for patients less than 120 kg
 - 3 gm IV for patients 120 kg or greater
- Clindamycin 10 mg/kg IV (max 900 mg)
- Vancomycin 15 mg/kg IV (max 2 gm)

NOTE: Call the Pediatric Antimicrobial Team (616)267-6459 or Pediatric Pharmacy (616)267-1807 with questions.

INDICATIONS FOR SUBACUTE BACTERIAL ENDOCARDITIS PROPHYLAXIS:

- Less than 6 months from complete repair of congenital heart disease (CHD) with prosthetic material or device
- Prosthetic material used in cardiac valve
- Prosthetic cardiac valve
- Previous endocarditis
- Cardiac transplant with valvular disease

- Amoxicillin 50 mg/kg PO once (max 2 gm)
- Cephalexin 50 mg/kg PO once (max 2 gm)

AMPICILLIN:

- 50 mg/kg IV once (max 2 gm)
- 50 mg/kg IM once (max 2 gm)

CEFAZOLIN:

- 50 mg/kg IV once (max 1 gm)
- 50 mg/kg IM once (max 1 gm)

CLINDAMYCIN

- 20 mg/kg PO once (max 600 mg)
- 20 mg/kg IV once (max 600 mg)
- 20 mg/kg IM once (max 600 mg)

MEDICATIONS: (CONTINUED)

LOCAL ANALGESIA:

NOTE: Use of bupivacaine liposome (Exparel) is restricted to pediatric surgical providers for pediatric patients (age greater than or equal to 6 years ONLY) for intercostal nerve blocks for thoracic surgery and local infiltration for spinal surgery.

- Bupivacaine liposome (Exparel) 1.3% injection 4 mg/kg, infiltration once

OTHER:

NOTE: For any additional orders, handwritten clearly or type below. Must check the box for order to be processed.

- _____
- _____
- _____
- _____
- _____

NOTE: If there is a frequent order that needs to be added to your form, contact Grand Rapids Corewell Health Surgical Pre-procedure Planning Manager or Surgical Nurse Manager.

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