



Physician's Orders
GENERAL PRE-SCHEDULED SURGERY -
PRE-PROCEDURE, PEDIATRIC
Page 1 of 2

Patient Name

DOB

MRN

Physician

FIN

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.

PT CARE/ACTIVITY:

- TEDs: Knee high Thigh high
Pneumatic compression device: Knee high Thigh high
Chlorhexidine cloth skin cleansing. Site

LABORATORY:

- Need result pre-procedure Draw labs in 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
TYPE AND SCREEN: PRBC's number of units
Protocol - Pre-procedure anesthesia orders: Pre-procedure - May initiate
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 200 or less than 70

RADIOLOGY:

- DR CHEST SINGLE VIEW: Stretcher Bedside
Chest PA lateral

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
Normosol-R 1000 mL IV, 10 mL/hr

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.

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

CONTINUED ON PAGE 2

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

Table with 4 columns: TRANSCRIBED (TIME, DATE), VALIDATED (TIME, DATE), ORDERED (TIME, DATE), and Pager #. Includes Sign, R.N. Sign, Physician Print, and Physician labels.

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

Page 2 of 2

Patient Name

DOB

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ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

MEDICATIONS: (CONTINUED)

**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
- Unreparable cyanotic CHD
- 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)

OTHER:

NOTE: For any additional orders: **handwrite** 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 Spectrum Health Surgical Pre-procedure Planning Manager or Surgical Nurse Manager.

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

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