

<b>UMC Health System</b>  <b>PEDIATRIC NEUROSURGERY PRE-OP PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Patient Care**

**Vital Signs**  
 T;N, Per Unit Standards

**Patient Activity**

**Insert Peripheral Line**

**Communication**

**Notify Provider/Primary Team of Pt Admit**  
 Upon Arrival to Floor/Unit  Now  
 In AM

**Pre-Op Patient**

**Dietary**

**Oral Diet**  
 Regular Diet  Clear Liquid Diet

**NPO Diet**  
 NPO  T;2359, NPO After Midnight  
 NPO, Except Meds  NPO, Except Ice Chips  
 NPO, Except Meds, Except Ice Chips

**IV Solutions**

**D5 1/2 NS + 20 mEq KCl/L**  
 IV, mL/hr

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

**ceFAZolin (ceFAZolin pediatric)**  
 25 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis

**vancomycin (vancomycin pediatric)**  
 10 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis  
 15 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis

**cefuroxime (Zinacef) (cefuroxime (Zinacef) pediatric)**  
 50 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis

**acetaminophen**  
 10 mg/kg, PO, liq, OCTOR  
Do not exceed 4000 mg of acetaminophen per day from all sources.  
 15 mg/kg, PO, liq, OCTOR  
Do not exceed 4000 mg of acetaminophen per day from all sources.

**Laboratory**

**CBC with Differential**  
 Routine, T;N  STAT

TO  Read Back  Scanned Powerchart  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<b>UMC Health System</b>  <b>PEDIATRIC NEUROSURGERY PRE-OP PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>Prothrombin Time with INR</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>PTT</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>BUN</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>Creatinine</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>Urinalysis</b> <input type="checkbox"/> Routine, T;N <span style="float: right;"><input type="checkbox"/> STAT</span>
	<b>Urine Beta hCG</b> <input type="checkbox"/> Urine, Routine, T;N <span style="float: right;"><input type="checkbox"/> Urine, STAT</span>

**Consults/Referrals**

	<b>Consult MD</b> <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op
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TO     Read Back     Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<p><b>UMC Health System</b></p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>Laboratory</b>
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

