	UMC Health System	Pa	ient Label Here		
PE - F	EDIATRIC OUTPATIENT SURGERY PLAN Phase: Diagnostic/Pre-Op Orders				
	PHYSICIA	N ORDERS			
Diagnos	is				
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.		
ORDER		· · ·			
	Admit/Discharge/Transfer				
	Request for Outpatient Services (Request Outpatient Services)				
	Communication				
	Misc Patient Care Order				
	Misc Patient Care Order				
	Medications				
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.			
	Additional Medication ***If additional medications are needed, complete the following "misc medications are needed, complete the following	direction" order to allow pharma	agy to optor into		
	PowerChart***				
	misc medication				
	misc medication				
	Laboratory				
	Urine Beta hCG Urine, Routine Outpatient/PACU, T;N, Vendor Bill No				
	Beta hCG Quantitative Routine Outpatient/PACU, T;N, Vendor Bill No				
П то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	en by Signature:	Date	Time		
rnysician	Physician Signature: Time Date Time				



UMC Health System		Pa	tient Label Here
PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: Discharge Orders			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
-	Admit/Discharge/Transfer		
	General		
	Discharge Patient (Outpatient)		
	Discharge Condition		
	Discharge Condition: Improved Discharge Condition: Fair	Discharge Condition: Stab	le
	Discharge Disposition		
	Discharge To: Home	Discharge To: Home with	
	Discharge To: Another Hospital Discharge To: Children's Hospital	Discharge To: Home with	Hospice
	Discharge Instructions Pediatric/Infant		
	Discharge Misc Education for Patient		
	Discharge Pediatric Diet		
	Diet: Resume pre-hospital diet	Diet: Regular	
Discharge Infant Feeding			
	Activity		
	Discharge Pediatric Activity Activity: As tolerated Activity: Car seat for all car rides Place infant on back to sleep Activity: No restriction		
	Discharge Bathing Instructions		
	Discharge Extremity Care (ROM, CPM, etc)		
	Line, Drain, and Wound Care		
	Discharge Open Wound Care Instructions		
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgica	I Site Care Instructions)	
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/	Tube Care Instructions)	
	Follow Up		
	Discharge Follow-up Appointment (Discharge Follow-up Appointme	nt (Peds/NICU))	
	Discharge Follow-up Appointment (Discharge Follow-up Appointme	nt (Peds/NICU))	
	Services that have been arranged		
	This section is to be filled out by Social Services.		
	Discharge DME Instructions		
	Discharge Home Health Instructions		
	Communication		
	Patient May Return to Work/School		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: OPS Post-Op Orders

	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				
	Admit/Discharge/Transfer				
	If returning patient to PACU, right click and REPLICATE the PACU Orders Phase				
	Return Patient to PACU				
	Patient Care				
	Vital Signs Per Unit Standards				
	Convert IV to INT				
	Discontinue Peripheral Line When vital signs stable, tolerating fluids, and pain contolled.				
	Discontinue Urinary Catheter				
	Communication				
	Code Status must be declared post operatively as the patient has had	a change in the level of care			
	Code Status Code Status: Full Code Code Status: DNR/AND (Allow Natural Death) Code Status: Directive to Physician				
	Notify Provider of VS Parameters				
	Notify Provider (Misc)				
	Notify Nurse (DO NOT USE FOR MEDS) Patient NOT required to void prior to discharge.				
	Notify Nurse (DO NOT USE FOR MEDS) Do Not Discharge patient until seen by physician.				
	Dietary				
	Outpatient Diet Clear Liq. Advance to Pre-Hospital Diet	Pre-Hospital Diet			
	Laboratory				
	POC Blood Sugar Check				
	Physical Medicine and Rehab Consult PT Mobility for Eval & Treat				
	Crutch Training				
	Consults/Referrals				
	Social Services for DME for Home				
	Social Services for Home Health Care				
	Additional Orders				
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Order Take	n by Signature:	Date Time			
Physician S	Signature:	Date Time			

UMC Health System PEDIATRIC OUTPATIENT SURGERY PLAN		Pa	atient Label Here
- 1	Phase: OPS/OR Holding Pre-Op Orders		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Pre-Operative Warming Orders ***See Reference Text***		
	Vital Signs ☐ Per Unit Standards		
	Insert Peripheral Line		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities		
	Communication		
	***Code Status must be declared upon admission to Outpatient Surgery*	***	
	Code Status Code Status: Full Code Code Status: Directive to Physician	Code Status: DNR/AND	Allow Natural Death)
	Notify Nurse (DO NOT USE FOR MEDS)		
Pre-Op Instructions Instruct on incentive spirometry. Misc Patient Care Order			
	Misc Patient Care Order		
	Dietary		
	Outpatient Diet		
	IV Solutions		
	LR IV, mL/hr		
	NS IV, mL/hr		
	Medications		
-	Medication sentences are per dose. You will need to calculate a tot Antibiotics	al daily dose if needed.	
	ceFAZolin (ceFAZolin pediatric) 25 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Po	st-Op Prophylaxis	
	cefuroxime (Zinacef) (cefuroxime (Zinacef) pediatric) 75 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Po	st-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		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time

PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: OPS/OR Holding Pre-Op Orders

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	gentamicin (gentamicin pediatric) □ 1 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis Not to exceed adult dose of 80 mg pre-op. □ 2 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis Not to exceed adult dose of 80 mg pre-op. □ 2 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis Not to exceed adult dose of 80 mg pre-op.				
	clindamycin (clindamycin pediatric) 10 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis				
	Other Pre-Op Medication				
	 acetaminophen (acetaminophen pediatric) 15 mg/kg, PO, liq, OCTOR ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** 325 mg, PO, tab, OCTOR ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** 500 mg, PO, tab, OCTOR ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 2,600 mg of acetaminophen from all sources in 24 hours*** 500 mg, PO, tab, OCTOR ****Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** 				
	dexAMETHasone (dexamethasone pediatric (outpatient))				
	Single Dose tranexamic acid 10 mg/kg, IVPB, ivpb, OCTOR To be give INTRAOPERATIVELY. Recommended maximum is 50 mg/kg.				
	Continuous Infusion				
	tranexamic acid 1,000 mg IV IV To be give INTRAOPERATIVELY.				
	Final concentration = 16.7 mg/mL. Start at rate:mg/kg/hr				
	Additional Medication				
	If addtional medications are needed, complete the following "misc med PowerChart	dication" order to allow pharma	acy to enter into		
	misc medication				
	misc medication				
	Laboratory				
	Urine Beta hCG Urine, Routine Outpatient/PACU, T;N, Vendor Bill No				
	BUN STAT Outpatient/PACU, T;N, Vendor Bill No				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	n by Signature:	Date	Time		
Physician	Physician Signature: Time Date Time				

UMC Health System			
PEDIATRIC OUTPATIENT SURGERY PLAN		Pat	ient Label Here
- F	Phase: OPS/OR Holding Pre-Op Orders		
		AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS Creatinine		
	STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Blood Sugar Check ONE TIME, upon arrival	🗖 q4h	
	ABO/Rh Confirmation STAT Outpatient/PACU, T;N		
	Respiratory		
	Arterial Blood Gas Consults/Referrals		
	Consult MD		
	Service: Anesthesiology, Reason: Pre-OP	Service: Anesthesiology, R	Reason: Pre-OP and Nerve Block
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	n by Signature:	Date	
Physician	Signature:	Date	Time



UMC Health System		Pa	tient Label Here
PE - F	EDIATRIC OUTPATIENT SURGERY PLAN Phase: Outpatient Surgical Procedure		
	BUVGICIA	N ORDERS	
	Physicial Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC /PF	RE-OP PHASE.	
	Outpatient Surgical Procedure		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time



UMC Health System		Pa	tient Label Here
PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PACU Orders			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER			
	Vital Signs Per Unit Standards		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities		
	Communication		
	Notify Provider of VS Parameters		
	Laboratory		
	CBC STAT Outpatient/PACU, T;N, Vendor Bill No		
	Hemoglobin and Hematocrit STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Hemoglobin and Hematocrit		
	Basic Metabolic Panel STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Chem 8		
	Comprehensive Metabolic Panel		
	Diagnostic Tests		
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	en by Signature:	Date	
Physician	Signature:	Date	Time



UMC Health System		Pat	ient Label Here
PE - F	EDIATRIC OUTPATIENT SURGERY PLAN Phase: PACU POST-OP DIAGNOSTIC TESTS		
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS Patient Care		
	H&H to be done in PACU on EVERY bone related hip surgery prior to leaving the PACU and reported to the Anesthesia Attending of record and to the Attending Ortho Surgeon.		
	POC Hemoglobin and Hematocrit		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time



PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PEDIATRIC OUTPATIENT SURGERY POST-OP DISCOMFORT MED PLAN

	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	R ORDER DETAILS				
	Medications				
	Medication sentences are per dose. You will need to calculate a total dail	y dose if needed.			
	Analgesics for Mild Pain				
	Select only ONE of the following for Mild Pain				
	select only ONE of the following for Mid Pain acetaminophen (acetaminophen pediatric) 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** 160 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if do not exceed 4,000 mg of acetaminophen from all sources in 24 hours it do not exceed 4,000 mg of acetaminophen from all sources in 24 hours it do not exceed 2,600 mg of acetaminophen from all sources in 24 hours it do not exceed 4,000 mg of acetaminophen from all sources in 24 hours it do not exceed 4,000 mg of acetaminophen from all sources in 24 hours it do not exceed 4,000 mg of acetaminophen from all sources in 24 hours it do not exceed 2,600 mg of acetaminophen from all sources in 24 hours it do not exceed 2,600 mg of acetaminophen from all sources in 24 hours it do	f patient is under the age f patient is under the age	e of 12 years. For all others e of 12 years. For all others		
TO	D Read Back Scan	nned Powerchart	Scanned PharmScan		
Physician	n Sionature [.]	Date	Time		



UMC Health System		Patient Label Here	
PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PEDIATRIC OUTPATIENT SURGERY POST- OP DISCOMFORT MED PLAN			-
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER			
	 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h do not exceed 4,000 mg of acetaminophen from all sources in 24 hou 		e of 12 years. For all others
	 ibuprofen (ibuprofen pediatric) 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 		
	 ketorolac □ 0.5 mg/kg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. □ 15 mg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. 		
	Anti-pyretics		
	Select only ONE of the following for fever		
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Order Take	on by Signature:	Date	Time
	Signature:		
-			



PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PEDIATRIC OUTPATIENT SURGERY POST-OP DISCOMFORT MED PLAN

	P DISCOMFORT MED PLAN		
	Р	HYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of cl	noice AND an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	ORDER DETAILS acetaminophen (acetaminophen pediatric) □ 15 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ****Do not exceed 2,600 mg of acetaminophen from all sources □ 40 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ****Do not exceed 2,600 mg of acetaminophen from all sources □ 80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 120 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 120 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 160 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 160 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 240 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources □ 320 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.	n 24 hours*** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag n 24 hours *** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag n 24 hours*** es in 24 hours if patient is under the ag	ge of 12 years. For all others ge of 12 years. For all others
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Order Taka	n by Signature:	Date	Time
Physician Signature:		Date	Time

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PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PEDIATRIC OUTPATIENT SURGERY POST- OP DISCOMFORT MED PLAN			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	 ibuprofen (ibuprofen pediatric) 10 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 50 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 100 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 100 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 150 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 200 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. 250 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 250 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 300 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 300 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. 600 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. 600 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. 		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician Signature:		Date	Time



Patient Label Here

PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PACU POST-OP DIAGNOSTIC TESTS

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Diagnostic Tests KG-12 Lead			
├	Radiography			
	X Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU			
	X Abdomen AP (KUB) STAT, Portable, Post-op. Patient in PACU			
	X Ankle Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
[X Ankle Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Elbow Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Elbow Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Femur 1 view (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Femur 1 view (Right) STAT, Portable, Post-op. Patient in PACU			
	X Femur 2+ vws (Left) STAT, Portable, Post-op. Patient in PACU			
	X Femur 2+ vws (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Foot Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Foot Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Forearm AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Forearm AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Hand Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Hand Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Heel-Os Calsis 2+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Heel-Os Calsis 2+ (Right) STAT, Portable, Post-op. Patient in PACU			
П то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken	by Signature:	Date	Time	
Physician Sig	nature:	Date	Time	



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PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PACU POST-OP DIAGNOSTIC TESTS

	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	R ORDER DETAILS			
	DX Hip 2-3 views Unilat (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Hip 2-3 views Unilat (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Wrist Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Wrist Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Tib/Fib AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Tib/Fib AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left))		
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax STAT, Portable, Post-op. Patient in PACU	(Right))		
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) STAT, Portable, Post-op. Patient in PACU			
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) STAT, Portable, Post-op. Patient in PACU			
	DX Pelvis AP 1 or 2 vw STAT, Portable, Post-op. Patient in PACU			
	DX Knee 1or 2 vws (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Knee 1or 2 vws (Right) STAT, Portable, Post-op. Patient in PACU			
П то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	ken by Signature:	Date	Time	
Physician Signature:		Date	Time	
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	UMC Health System	De	tient Label Here
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PE - F	EDIATRIC OUTPATIENT SURGERY PLAN Phase: OUTPATIENT BB TYPE AND SCREEN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Laboratory		
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Antibody Screen BR Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Clot to Hold		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

