

<b>UMC Health System</b>  <b>PEDIATRIC OUTPATIENT SURGERY PLAN</b> - Phase: Diagnostic/Pre-Op Orders	<b>Patient Label Here</b>
---	---------------------------

**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**

**Admit/Discharge/Transfer**

**Request for Outpatient Services (Request Outpatient Services)**  
 Location: Outpatient Surgery

**Communication**

**Misc Patient Care Order**

**Misc Patient Care Order**

**Medications**

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

**Additional Medication**

\*\*\*If additional medications are needed, complete the following "misc medication" order to allow pharmacy to enter 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

--	--

TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken 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 AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>Patient Care</b>
	<b>Pre-Operative Warming Orders</b> <input type="checkbox"/> ***See Reference Text***
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Insert Peripheral Line</b>
	<b>Apply Sequential Compression Device</b> <input type="checkbox"/> Apply to Bilateral Lower Extremities
	<b>Communication</b>
	***Code Status must be declared upon admission to Outpatient Surgery***
	<b>Code Status</b> <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Directive to Physician
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Start IV in OR.
	<b>Pre-Op Instructions</b> <input type="checkbox"/> Instruct on incentive spirometry.
	<b>Misc Patient Care Order</b>
	<b>Misc Patient Care Order</b>
	<b>Dietary</b>
	<b>Outpatient Diet</b> <input type="checkbox"/> NPO
	<b>IV Solutions</b>
	<b>LR</b> <input type="checkbox"/> IV, mL/hr
	<b>NS</b> <input type="checkbox"/> IV, mL/hr
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<b>Antibiotics</b>
	<b>ceFAZolin (ceFAZolin pediatric)</b> <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	<b>cefuroxime (Zinacef) (cefuroxime (Zinacef) pediatric)</b> <input type="checkbox"/> 75 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	<b>vancomycin (vancomycin pediatric)</b> <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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 AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><b>gentamicin (gentamicin pediatric)</b></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>
	<p><b>clindamycin (clindamycin pediatric)</b></p> <p><input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis</p>
<b>Other Pre-Op Medication</b>	
	<p><b>acetaminophen (acetaminophen pediatric)</b></p> <p><input type="checkbox"/> 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***</p> <p><input type="checkbox"/> 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 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 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***</p>
	<p><b>dexAMETHasone (dexamethasone pediatric (outpatient))</b></p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, OCTOR</p>
	<p>***Single Dose***</p> <p><b>tranexamic acid</b></p> <p><input type="checkbox"/> 10 mg/kg, IVPB, ivpb, OCTOR To be give INTRAOPERATIVELY. Recommended maximum is 50 mg/kg.</p>
	<p>***Continuous Infusion***</p> <p><b>tranexamic acid 1,000 mg IV</b></p> <p><input type="checkbox"/> IV To be give INTRAOPERATIVELY.</p> <p>Final concentration = 16.7 mg/mL.</p> <p><input type="checkbox"/> Start at rate: _____ mg/kg/hr</p>
<b>Additional Medication</b>	
	<p>***If additional medications are needed, complete the following "misc medication" order to allow pharmacy to enter into PowerChart***</p> <p><b>misc medication</b></p>
	<p><b>misc medication</b></p>
<b>Laboratory</b>	
	<p><b>Urine Beta hCG</b></p> <p><input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No</p>
	<p><b>BUN</b></p> <p><input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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 AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>Creatinine</b> <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> ONE TIME, upon arrival <span style="float: right;"><input type="checkbox"/> q4h</span>
	<b>ABO/Rh Confirmation</b> <input type="checkbox"/> STAT Outpatient/PACU, T;N
<b>Respiratory</b>	
	<b>Arterial Blood Gas</b>
<b>Consults/Referrals</b>	
	<b>Consult MD</b> <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-OP <span style="float: right;"><input type="checkbox"/> Service: Anesthesiology, Reason: Pre-OP and Nerve Block</span>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



UMC Health System

Patient Label Here

PEDIATRIC OUTPATIENT SURGERY PLAN  
- Phase: Outpatient Surgical Procedure

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

Patient Care

DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC /PRE-OP PHASE.

Outpatient Surgical Procedure

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_







UMC Health System

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 AND an "x" in the specific order 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

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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	ORDER DETAILS
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<b>Analgesics for Mild Pain</b>	
	<p>Select only ONE of the following for Mild Pain</p> <p><b>acetaminophen (acetaminophen pediatric)</b></p> <p><input type="checkbox"/> 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 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***</p> <p><input type="checkbox"/> 40 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 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***</p> <p><input type="checkbox"/> 80 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 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***</p> <p><input type="checkbox"/> 120 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 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***</p> <p><input type="checkbox"/> 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 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***</p> <p><input type="checkbox"/> 240 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 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***</p> <p><input type="checkbox"/> 320 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 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***</p> <p><input type="checkbox"/> 325 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 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***</p> <p><input type="checkbox"/> 400 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 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***</p> <p>Continued on next page...</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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	ORDER DETAILS
	<input type="checkbox"/> 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 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***
	<b>ibuprofen (ibuprofen pediatric)</b> <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.
	<b>ketorolac</b> <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.
<b>Anti-pyretics</b>	
	Select only ONE of the following for fever

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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	ORDER DETAILS
	<p><b>acetaminophen (acetaminophen pediatric)</b></p> <p><input type="checkbox"/> 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 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***</p> <p><input type="checkbox"/> 40 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 120 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 160 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 240 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 320 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 325 mg, PO, tab, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 400 mg, PO, liq, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p><input type="checkbox"/> 500 mg, PO, tab, q6h, PRN fever                      To be given in OPS ONLY.                      ***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***</p> <p>Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken 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	ORDER DETAILS
	<p><b>ibuprofen (ibuprofen pediatric)</b></p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 50 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 100 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 150 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 250 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 300 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 600 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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	ORDER DETAILS
	<b>Diagnostic Tests</b>
	<b>EKG-12 Lead</b>
	<b>Radiography</b>
	<b>DX Chest PA &amp; Lateral</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Abdomen AP (KUB)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Ankle Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Ankle Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Elbow Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Elbow Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 1 view (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 1 view (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 2+ vws (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 2+ vws (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Foot Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Foot Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Forearm AP/Lat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Forearm AP/Lat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hand Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hand Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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	ORDER DETAILS
	<b>DX Hip 2-3 views Unilat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hip 2-3 views Unilat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Right))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Juda Views)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis AP 1 or 2 vw</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PEDIATRIC OUTPATIENT SURGERY PLAN  
- Phase: OUTPATIENT BB TYPE AND SCREEN

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>	
	<b>BB Blood Type (ABO/Rh)</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	<b>BB Antibody Screen</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	<b>BB Clot to Hold</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

