

<b>UMC Health System</b>  <b>PEDIATRIC SURGERY 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**

**Communication**

**Instruct Patient**  
 Instruct Patient On: Incentive spirometry, for use post-op.

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

**Dietary**

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

**IV Solutions**

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

**D5 1/2 NS**  
 IV, mL/hr

**NS (Normal Saline)**  
 IV, mL/hr

**Laboratory**

**CBC with Differential**

**Basic Metabolic Panel**

**Prothrombin Time with INR**

**PTT**

**BUN**

**Creatinine**

**Urinalysis**

**Urine Beta hCG**

**Consults/Referrals**

**Consult MD**  
 Service: Anesthesiology, Reason: Pre-Op Assessment

**...Additional Orders**

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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 \_\_\_\_\_