

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

PEDIATRIC PRE-BRONCHOSCOPY

Version 6 11/7/2011

1. Admit for bronchoscopy _____
2. Sign permit _____
3. NPO _____
4. Oral Versed 0.5 mg/kg, not to exceed 10 mg., or Chloral Hydrate 75 mg/kg, not to exceed 1000 mg for age 4 months to 5 years old. (Over age 5, ask patient or parent if they want oral sedation. For 3 months or less, call doctor for orders.) Doctor will discuss sedation with all patients.
5. Monitor HR, RR, BP, SaO2 _____
6. IV with NS TKO _____
7. Nebulized Lidocaine 2% - 2 ml with Albuterol 2.5 mg.
8. Neosynephrine 1/4% for nasal prep.
9. Viscous Lidocaine to right nare following Neosynephrine.
10. Oxygen by nasal cannula or blowby.
11. Versed 0.2 mg/kg in 4 divided doses available for IV use.
12. Fentanyl 4 mcg/kg in 4 divided doses available for IV use.

PEDIATRIC POST-BRONCHOSCOPY

1. NPO until awake and at least 1 hour after last Lidacaine used.
2. V.S Q 15 min. X 4 then Q 30 min until discharged.
3. Call for unstable V.S., dyspnea, wheezing stridor or hemoptysis.
4. O2 by nasal cannula or _____ to keep SaO2 >92%.
5. Nebulized Albuterol 2.5 mg in saline PRN wheezing or cough.
6. Discharge when stable and drinking without difficulty and at least 90 minutes after procedure.

Provider Signature: _____ Date: _____ Time: _____