

## Physician Orders

### LEB Ortho Spinal Cord Injury Admit Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Ortho Spinal Cord Injury Admit Phase, <b>When to Initiate:</b>
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	T;N
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, per unit protocol
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, ok to log roll only
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	T;N
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for ice chips, maximum 30mL/shift
<input type="checkbox"/>	Regular Pediatric Diet	T;N, Age Group: _____
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Advance slowly to regular diet as tolerated
<input type="checkbox"/>	Spinal Precautions	T;N
<input type="checkbox"/>	Neurovascular checks	T;N, Routine, q1h for first 24 hours then q2 hours
<input type="checkbox"/>	Logroll turn	T;N, q2h
<input type="checkbox"/>	IV Insert/Site Care LEB	T;N, q2h
<input type="checkbox"/>	Glasgow Coma Scale Assessment	T;N, q2h
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Nursing Communication	T;N, q2h Validate that cervical spine immobilization is in place until spine is cleared by primary team
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N, Stat, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q2h(std)
<input type="checkbox"/>	Incentive Spirometry Teaching by NSG	T;N q2h-Awake, series of 10 breaths
<input type="checkbox"/>	Oral Gastric Tube Insert	T;N, OG Tube Type: Replogle, Check placement
<input type="checkbox"/>	Oral Gastric Tube Care	T;N, Suction Strength: Low Intermittent
<input type="checkbox"/>	Nasogastric Tube Insert	T;N, check placement
<input type="checkbox"/>	Nasogastric Tube	T;N, NG Tube Type: Replogle, Suction Strength: Low Intermittent suction
<input type="checkbox"/>	Foley Insert	T;N, to bedside gravity drainage
<input type="checkbox"/>	Foley Care	T;N, q8h
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To Lower Extremities, apply at all times.
<input type="checkbox"/>	CSR Supply Request	T;N, geomatt
<input type="checkbox"/>	CSR Supply Request	T;N, KenAir bed
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen delivery	T;N, _____ L%, Titrate to keep sats > 92%, delivery method/rate per RT/RN
<input type="checkbox"/>	Mechanical Ventilation (Ped)	T;N, Vent Settings, Mode: _____, 100% FiO2, special instructions titrate to keep sats => 95%



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Continuous Infusions		
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL, IV, STAT, T:N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, STAT, T:N, at _____ mL/hr
<input type="checkbox"/>	methylPREDNISolone Drip (Pediatric)	5.4 mg/kg/hr, Injection, IV, Routine, T;N, To be started at least 45 minutes after bolus is given.
Medications		
<b>NOTE: Bolus to be given prior to drip if patient has not already received at outside facility</b>		
<input type="checkbox"/>	MethylPREDNISolone	30 mg/kg, Injection, IV, once, (infuse: over 15 min), STAT, T;N
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL, (10 units/mL), Ped Injectable, IV Push, prn, PRN Catheter Clearance, Routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	_____mg (10mg/kg), Liq, PO, q4h, PRN Pain or Fever, Routine, T;N For temperature greater than 38, Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg (10 mg/kg), chew tab, PO, q4h, PRN Pain or Fever, T;N, For temperature greater than 38 Max Dose = 90 mg/kg/day up to 4 g/day, (1 tab= 80mg)
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN Fever, T;N, For temperature greater than 38, Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, For temperature greater than 38, Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	enoxaparin (Lovenox)	_____mg (0.75mg/kg), Subcutaneous, q12h, Routine, T;N, Less than 2 months
<input type="checkbox"/>	enoxaparin (Lovenox)	_____mg (0.5mg/kg), Subcutaneous, q12h, Routine, T;N, Greater than 2 months
<input type="checkbox"/>	docusate	50mg, Cap, PO, bid, routine, T;N, Hold for loose stools
<input type="checkbox"/>	docusate	_____mg (2.5mg/kg), Liq, PO, bid, routine, T;N, Hold for loose stools
<input type="checkbox"/>	polyethylene glycol 3350 (Miralax)	_____ (1 g/kg), Powder, PO Qday, Routine, T;N, Max dose = 17 grams, To begin day #3 if no BM
<input type="checkbox"/>	polyethylene glycol 3350 (Miralax)	8.5 grams, Powder, PO, Qday, Routine, T;N, To begin day #3 if no BM
<input type="checkbox"/>	polyethylene glycol 3350 (Miralax)	17 grams, Powder, PO, Qday, Routine, T;N, To begin day #3 if no BM
<input type="checkbox"/>	ondansetron	_____mg (0.1 mg/kg), injection, IV, q8h, PRN nausea, Routine, T;N, Max dose = 4mg
<input type="checkbox"/>	rantidine (Zantac)	_____mg, (1 mg/kg), Injection, IV piggyback, q8h Routine, T;N, Max = 50 mg/dose
Laboratory		
<input type="checkbox"/>	CBC	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Hgb/Hct	T;N q6h, timed study X 3 day
<input type="checkbox"/>	BMP	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	CMP	T+1;0400, Routine, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Portable CXR	T+1;0400; routine, Reason: _____, Portable
<input type="checkbox"/>	Chest PA and Lateral	T+1;0600; routine; Reason: _____, Transport: Wheelchair



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Consults/Notifications		
<input type="checkbox"/>	Notify Physician for Vital signs of-Continuous	T;N, Notify Primary Team if Systolic BP > _____ or < _____, Mean BP > _____, heart rate _____, O2 Sat <93%, rectal temp >38.0, urine output less than 1mL/kg/hr, Hgb > _____, vomiting, uncontrolled pain, of any weak or absent pulse, and/or mental status changes
<input type="checkbox"/>	Pharmacy Consult	T;N, Reason for consult: Anticoagulation therapy
<input type="checkbox"/>	Physical Therapy Ped Eval & TX	T;N, Special Instructions: Spinal Cord Protocol eval and treat as needed
<input type="checkbox"/>	Occupational Therapy Ped Eval & TX	T;N, Special Instructions: Spinal Cord Protocol eval and treat as needed
<input type="checkbox"/>	Medical Social Work Consult	T;N, Evaluation and Consult Snell's for TLSO brace and prafos (bunny boots) to BLE to float heels
<input type="checkbox"/>	Case Management Consult	T;N, Rehab
<input type="checkbox"/>	Consult Child Life	T;N, Hospitalization and coping with spinal cord injury
<input type="checkbox"/>	Urodynamics Teaching Consult LEB	T;N, Must call Judy Vinson-Daffron at 74555 for consult For bladder program assistance

Date

Time

Physician's Signature

MD Number