Physician Orders Pediatric: LEB ECMO Daily Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: LEB ECMO Daily Phase, When to Initiate:_____

LEB ECMO Daily Phase
Patient Care
☑ ECMO Communication
   Each shift should verify that 1 unit of PRBC is available in the blood bank each shift.
☑ ECMO Communication
   Obtain   ISTAT CG8 test (includes blood gas, sodium, potassium, ionized calcium, glucose, hematocrit) q__ and PRN for changes in patient status, draw from patient
☑ ECMO Communication
   Obtain ISTAT CG4 test (Lactate) q__ and PRN for changes in patient status, draw from patient.
☑ ECMO Communication
   Follow titration guidelines from The ECMO Hemostasis and Transfusion Management Guidelines
☑ ECMO Circuit Parameters
☐ ECMO Communication
☑ Intake and Output
   Routine, q1h(std)
☑ NIRS Monitor

Respiratory Care
☑ ECMO Resting Ventilator Settings
   Routine
☑ ECMO Emergency Ventilator Setting
   Routine
☑ ISTAT POC (RT Collect)
   Timed Study once, Special Instructions: ECMO Specialist collect, drawn from ECMO circuit, T+1;0400
☑ ISTAT POC (RT Collect)
   Routine q4h(std) PRN, Test Select Sodium | Potassium | Ionized calcium | Glucose | Hematocrit, Special Instructions: ECMO Specialist collect CG8
☑ ISTAT POC (RT Collect)
   Routine q4h(std) PRN, Special Instructions: ECMO Specialist collect CG4.

Laboratory
☐ CMP
   Routine, T+1;0400, once, Type: Blood, Nurse Collect
☐ Neonatal Comprehensive Metabolic Panel
   Routine, T;N, once, Type: Blood
☑ Phosphorus Level
   Routine, T+1;0400, once, Type: Blood, Nurse Collect
☐ Bilirubin Direct
   Routine, T+1;0400, once, Type: Blood, Nurse Collect
☑ Magnesium Level
   Time Study, T;N, Type: Blood, Nurse Collect
☑ Calcium Level
   Time Study, T;N, Type: Blood, Nurse Collect
☑ BMP
   Time Study, T;N, Type: Blood, Nurse Collect

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☑ Hemoglobin, Free, Plasma
　　Routine, T+1;0400, once, Type: Blood, Nurse Collect

☑ LD
　　Routine, T+1;0400, once, Type: Blood, Nurse Collect

☑ O2 Sat Measured
　　Routine, T+1;0400, once, Type: Blood, Nurse Collect

☑ Blood Culture Pediatric Plan(SUB)*

☐ Anti XA
　　Time Study, T;N, q4h, Type: Blood

☐ CBC
　　Time Study, T;N, Type: Blood

☐ PT/INR
　　Time Study, T;N, Type: Blood

☐ PTT
　　Time Study, T;N, Type: Blood

☐ Fibrinogen Level
　　Time Study, T;N, Type: Blood

☐ AT3 Level
　　Time Study, T;N, Type: Blood

☐ TEG-LeBonheur
　　Time Study, T;N, Type: Blood

☑ Uncrossmatched Red Tag Blood-Pediatric
　　STAT, T;N, Volume: 3 units, Irradiated, Send to bedside in a cooler for ECMO prime.

Diagnostic Tests

☑ Chest 1 View
　　Reason For Exam Other, Enter in Comments
　　　Comments: Verification of ECMO cannula placement

☐ US Head Neonatal/Echoencephalogram
　　T;N, Routine

Consults/Notifications/Referrals

☑ Pharmacy Consult
　　Reason: Concentrate all drips,, Special Instructions: ECMO patient

_____ _____ _____ _____
　　Date　　　　　　**Time**　　　　　　　　　**Physician's Signature**　　　　　　**MD Number**

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order