



Physician Orders PEDIATRIC: LEB IMCU Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB IMCU Admit Phase, When to Initiate: _____

LEB IMCU Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
*T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: Critical Care Specific Unit: IMCU
Care Team: _____ Anticipated LOS: 2 midnights or more*
- Transfer Pt within current facility
- Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- Vital Signs
 - Monitor and Record T,P,R,BP, q4h(std) (DEF)*
 - Monitor and Record T,P,R,BP

Activity

- Bedrest
- Activity As Tolerated
With Assistance

Food/Nutrition

- NPO
- Breastmilk (Expressed)
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet
- Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- Isolation Precautions
- Intake and Output
Routine, intake q1h, output q2h
- Daily Weights





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Routine, QDay

- Weight
Routine, per IMCU protocol
- Measure Circumference
Of: Head, measure on admission (for ages <1 and as indicated)
- Measure Circumference
Of: Abdominal Girth
- Elevate Head Of Bed
30 degrees
- Elevate
Area: Affected Extremity
- O2 Sat Monitoring NSG
q4h(std)
- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor
- Suction Patient
PRN, airway clearance
- Gastrostomy Tube Care
G Tube, use for meds and feedings
- Gastrostomy Tube Care
Suction Strength: To Gravity, G Tube
- NGT
NG Tube Type: Flexible, Use for meds and feedings
- Replogle (NGT)
 - NG Tube Type: Rigid, Suction Strength: Low Intermittent (DEF)**
 - NG Tube Type: Rigid, Suction Strength: To Gravity*
- Replogle (OGT)
 - OG Tube Type: Rigid, to gravity (DEF)**
 - OG Tube Type: Rigid, Low intermittent wall suction*

Respiratory Care

- LEB Critical Care Respiratory Plan(SUB)*

Continuous Infusion

- Sodium Chloride 0.9% Bolus
mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)
- D5 1/2NS
1,000 mL, IV, Routine, mL/hr





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- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr
- D10W
1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours** acetaminophen
 - 15 mg/kg, Liq, PO, q6h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day (DEF)**
 - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day*
 - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day*
- +1 Hours** acetaminophen
15 mg/kg, Supp, PR, q6h, PRN Pain or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day
Comments: May give PR if unable to take PO
- +1 Hours** raNITidine
 - 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day (DEF)**
 - 2 mg/kg, Tab, PO, bid, Routine, Max dose = 300 mg/day*

Anti-infectives

- LEB Anti-Infective Orders Plan(SUB)*

Laboratory

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
- CBC
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- CMP
STAT, T;N, once, Type: Blood
- CRP
STAT, T;N, once, Type: Blood
- PT/INR
STAT, T;N, once, Type: Blood
- PTT
STAT, T;N, once, Type: Blood
- Fibrinogen Level
STAT, T;N, once, Type: Blood





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- Triglyceride
STAT, T;N, once, Type: Blood
- Blood Culture
*STAT, T;N, once, Specimen Source: Peripheral Blood (DEF)**
STAT, T;N, once
- Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
- Urine C&S
STAT, T;N, Specimen Source: Urine, Nurse Collect
- Culture, Respiratory and Gram Stain
STAT, T;N, Specimen Source: Aspirate Trachea, Nurse Collect
- Influenza A&B Screen w/ Reflex PCR
STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
- RSV Antigen Screen
STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
- Respiratory Culture, Viral
STAT, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect

Diagnostic Tests

- Chest 1 View
T;N, Stat, Portable
- KUB
T;N, Stat, Portable

Consults/Notifications/Referrals

- Notify Physician For Vital Signs Of
- Notify Physician-Continuing
Notify For: Mental status changes, Increased Oxygen requirements, O2 sats less than _____%
- Notify Physician-Continuing
- Notify Physician-Once
- Notify Nurse Practitioner For Vital Signs Of
- Notify Nurse Practitioner-Continuing
Notify For: Mental status changes, Increased Oxygen requirements, O2 sats less than _____%
- Notify Nurse Practitioner-Continuing
- Notify Nurse Practitioner-Once
- Consult MD Group
- Consult MD
- Dietitian Consult/Nutrition Therapy





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- Lactation Consult
- Consult Child Life

- Medical Social Work Consult
- Physical Therapy Ped Eval & Tx
Routine
- Occupational Therapy Ped Eval & Tx
Routine
- Speech Therapy Ped Eval & Tx
Routine
- Audiology Consult
Routine
- Consult Pastoral Care
- LCAP Consult

Date	Time	Physician's Signature	MD Number
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***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

