

## Physician Orders PEDIATRIC: LEB Nitric Oxide Initiation Plan

|                         | ategorized  |
|-------------------------|---|
|                         | Document Indications for iNO(NOTE)*   |
|                         | ratory Care   |
| $\overline{\mathbf{A}}$ | Initiate iNO Protocol   |
| ☑                       | Nitric Oxide (RT) 20 ppm, (maximum dose = 20 ppm),per iNO protocol  |
|                         | ISTAT POC (RT Collect)  |
| _                       |   |
|                         | Glat once, Test defect Abo, Opedia Instructions. at two initiation (DET)  |
|                         | ☐ Stat once, Test Select CBG, Special Instructions: at iNO initiation   |
|                         | ISTAT POC (RT Collect)  |
|                         | ☐ Stat once, Test Select ABG, Special Instructions: obtain 30 minutes after iNO initiation (DEF)                                    |
|                         | Stat once, Test Select CBG, Special Instructions: obtain 30 minutes after iNO initiation  |
| Labora                  | atory   |
| $\overline{\mathbf{A}}$ | Methemoglobin   |
|                         | STAT, T;N+30, once, Type: Blood, Collection Comment: NOTE: Specified Collect Time   |
| $\overline{\mathbf{A}}$ | Methemoglobin   |
|                         | Routine, T+1;0400, qam x 3 day, Type: Blood   |
| _                       | ostic Tests   |
|                         | Chest PA & Lateral  |
|                         | T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable<br>Comments: Assess Lung Volume                                      |
|                         | Echocardiogram Pediatric (0-18 yrs)  Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Evaluate for PPHN and R/O |
|                         | Congenital Heart Disease,, Transport: Bedside   |
| Consu                   | Ilts/Notifications/Referrals  |
| ☑                       | Notify Physician-Continuing   |
| _                       | Notify For: if NO2 level is greater than 1.5%   |
|                         | Notify Nurse Practitioner-Continuing  |
|                         | Notify For: if NO2 level is greater than 1.5%   |
|                         |   |
| Date                    | Time Physician's Signature MD Number  |
|                         |   |

\*Report Legend:





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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