

	Orders Phase
	ets/Protocols/PowerPlans
☑	Initiate Powerplan Phase
. =5 0	Phase: LEB CVICU Medical Admit Phase, When to Initiate:
	VICU Medical Admit Phase
_	ategorized
	Notify Physician-Once
	Notify For: of room number on arrival to unit
	sion/Transfer/Discharge
$\overline{\mathbf{A}}$	Patient Status Initial Inpatient
	T;N Admitting Physician:
	Reason for Visit:
	Bed Type: Critical Care Specific Unit:
	Care Team: Anticipated LOS: 2 midnights or more
	Patient Status Initial Outpatient
	T;N Attending Physician:
	Reason for Visit:
	Bed Type: Specific Unit:
	Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
	[] OP OBSERVATION Services
Vital Si	gns
$\overline{\mathbf{Z}}$	Vital Signs
	Monitor and Record T,P,R,BP, q1h(std) (DEF)*
	The interval and record 1,1,1,1,51, 9 (interval)
A -41	☐ Monitor and Record T,P,R,BP, q2h(std)
Activity	
	Bedrest
	Out Of Bed
	Up Ad Lib, With Assistance
Food/N	lutrition
	NPO
	Breastmilk (Expressed)
	LEB Formula Orders Plan(SUB)*
	· ,
H	Diet Clear Liquid
_	Regular Pediatric Diet
Patient	: Care
	Advance Diet As Tolerated
_	Start clear liquids and advance to regular diet as tolerated
	Isolation Precautions
$\overline{\mathbf{Z}}$	Intake and Output
	Routine, intake q1h, output q2h
$\overline{\checkmark}$	Daily Weights
	Routine, QDay, on floor scale if patient is mobile., T+1;0800
$\overline{\mathbf{v}}$	·
Ľ	Elevate Head Of Bed
$\overline{\mathbf{v}}$	30 degrees
	O2 Sat Monitoring NSG
V	q1h(std)
	Cardiopulmonary Monitor
	Routine, Monitor Type: CP Monitor



	Suction Patient PRN, PRN airway clearance		
	Bedside Glucose Nsg		
	Foley Insert-Follow Removal Protocol To gravity drainage		
	Order below if SCD is applicable(NOTE)*		
	SCD Apply Apply to Lower Extremities		
	NIRS Monitor		
Respi	ratory Care		
	Oxygen Delivery Special Instructions: Titrate to keep O2 sat at 85% to 93%.		
	LEB Critical Care Respiratory Plan(SUB)*		
Conti	nuous Infusion		
	Sodium Chloride 0.9% Bolus mL/kg, Injection, IV, once, STAT, (infuse over 15 min)		
	albumin, human 5% Bolus mL/kg, Injection, IV, once, STAT, (infuse over 15 min)		
	D5W		
	500 mL, IV, STAT, mL/hr, Infuse via CVP line		
	Heparin 2 Units/ml in 500 ml NS (Pediatric) 500 mL, Intra-ARTERIAL, STAT, mL/hr, infuse via arterial line		
	Heparin Drip (Pediatric) (IVS)* Diluent volume		
	500 mL, IV, Routine heparin (additive)		
	25,000 units, unit/kg/hr		
	D5 1/2NS 1,000 mL, IV, STAT, mL/hr		
	D5 1/2 NS KCI 20 mEq/L 20 mEq / 1,000 mL, IV, STAT, mL/hr		
Vasoa	active Medications		
	DOPamine Drip (Pediatric) (IVS)* Diluent volume		
	250 mL, IV, Routine Comments: Reference Range: 2 to 20 mcg/kg/min		
	DOPamine		
	400 mg, mcg/kg/min		
	Phenylephrine Drip (Pediatric) (IVS)* Dextrose 5% in Water 99 mL, IV, Routine		
	Comments: Reference range: 0.1 to 0.5 mcg/kg/min phenylephrine (additive) pediatric		
	10 mg, mcg/kg/min		
П	EPINEPHrine Drip (Pediatric) (IVS)* Dextrose 5% in Water 95 mL, IV, Routine		
	Comments: Reference Range: 0.01 to 0.2 mcg/kg/min		
	EPINEPHrine (additive) 5 mg, mcg/kg/min		



	Vasopressin Drip (Pediatric) (SHOCK) (IVS)* Sodium Chloride 0.9% 97.5 mL, IV, Routine, 0.5 milli-units/kg/min Comments: Reference Range: 0.2 to 0.5 milli-units/kg/min
	vasopressin (additive)
	50 units, milli-units/kg/min Milrinone Drip (Pediatric) (IVS)*
	Diluent volume
	100 mL, IV, Routine Comments: Reference Range: 0.25 to 0.75 mcg/kg/min, Dose must be adjusted for
	renal dysfunction milrinone (additive)
	20 mg, mcg/kg/min
	NiCARdipine Drip (Pediatric) (IVS)* Diluent volume
	200 mL, IV, Routine
	Comments: Reference Range: 1 to 3 mcg/kg/min
	niCARdipine (additive)
	40 mg, mcg/kg/min
ш	Labetalol Drip (Pediatric) (IVS)* Diluent volume
	40 mL, IV, Routine
	Comments: Reference Range: 0.25 to 1mg/kg/hr
	labetalol (additive) pediatric 200 mg, mg/kg/hr
	NitroPRUSSIDE Drip (Pediatric) (IVS)*
	Dextrose 5% in Water
	98 mL, IV, Routine Comments: Reference Range: 0.5 to 5 mcg/kg/min
	nitroprusside
	50 mg, mcg/kg/min
	Esmolol Drip (Pediatric) (IVS)*
	Diluent volume
	100 mL, IV, Routine Comments: Reference Range: 50 to 250 mcg/kg/min
	esmolol
	2,000 mg, mcg/kg/min
	NitroGLYcerin Drip (Pediatric) (IVS)*
	Diluent volume
	250 mL, IV, Routine
	Comments: Reference Range: 0.5 to 2 mcg/kg/min nitroGLYcerin (additive) pediatric
	100 mg, mcg/kg/min
Sedati	
	MorPHINE Drip (Pediatric) (IVS)*
	Dextrose 5% in Water
	49.5 mL, IV, Routine Comments: Reference range: 20 to 100 mcg/kg/hr
	morPHINE (additive)
	5 mg, mcg/kg/hr
	FentaNYL Drip (Pediatric) (IVS)*
	Dextrose 5% in Water



	15 mL, IV, Routine
	Comments: Reference range: 0.5 to 2 mcg/kg/hr
	fentanyl (additive)
	500 mcg, mcg/kg/hr
	Midazolam Drip (Pediatric) (IVS)*
	Dextrose 5% in Water
	15 mL, IV, Routine
	Comments: Reference range: 0.05 to 0.2 mg/kg/hr
	midazolam (additive)
	50 mg, mg/kg/hr
	Dexmedetomidine Drip (Pediatric) (IVS)* Diluent volume
	100 mL, IV, Routine
	dexmedetomidine (additive)
	400 mcg, mcg/kg/hr
Paraly	
araiyi	
ш	Vecuronium Drip (Pediatric) (IVS)*
	Diluent volume
	30 mL, IV, Routine
	Comments: Reference range: 0.05 to 0.2 mg/kg/hr vecuronium (additive)
	30 mg, mg/kg/hr
ш	Cisatracurium Drip (Pediatric) (IVS)*
	Diluent volume
	20 mL, IV, Routine
	Comments: Reference range: 1 to 5 mcg/kg/min cisatracurium (additive)
	40 mg, mcg/kg/min
Diureti	
_	Furosemide Drip (Pediatric) (IVS)* Dextrose 5% in Water
	30 mL, IV, Routine
	Comments: Reference range: 2.5 to 10 mg/kg/day
	furosemide (additive) pediatric
	100 mg, mg/kg/day
	Bumetanide Drip (Pediatric) (IVS)*
	Dextrose 5% in Water
	30 mL, IV, Routine
	Comments: Reference range: 2.5 to 10 mcg/kg/hr
	bumetanide (additive)
	2.5 mg, mcg/kg/hr
Medica	
	+1 Hours furosemide
_	1 mg/kg, Ped Injectable, IV, q12h, Routine, Max dose = 40 mg
_	+1 Hours bumetanide
	0.025 mg/kg, Ped Injectable, IV, q24h, Max dose = 1 mg
	LEB CVICU Anti-Infective Orders Plan(SUB)*
	LEB Cardiology Medication Plan(SUB)*
	+1 Hours acetaminophen
	325 mg, Tab, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
	\square 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day



	 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day
	+1 Hours famotidine 0.5 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day
	+1 Hours pantoprazole 1 mg/kg, Injection, IV Piggyback, q24h, Routine, Max dose = 40mg/day
	+1 Hours midazolam 0.1 mg/kg, Injection, IV, q1h, PRN Sedation, Max dose = 2 mg
	+1 Hours ketorolac
	0.5 mg/kg, Injection, IV, q6h, PRN Pain, Moderate (4-7), Routine, Max dose= 30 mg +1 Hours morphine
	0.1 mg/kg, Injection, IV, q1h, PRN Pain, Severe (8-10), Routine +1 Hours fentaNYL
Electro	1 mcg/kg, Injection, IV, q1h, PRN Pain, Severe (8-10), Routine blytes
	+1 Hours magnesium sulfate mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine Comments: Reference Range: 25 to 75 mg/kg, Max pediatric dose = 2 grams, Magnesium less than 2
	+1 Hours potassium chloride 0.5 mEq/Kg, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3.5 Max dose = 40 mEq
	+1 Hours potassium chloride 1 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3, Max dose = 40 mEq
	+1 Hours sodium bicarbonate 1 mEq/Kg, Injection, IV, once, STAT
	+1 Hours calcium chloride 10 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, Max dose = 1 gram, Ionized Calcium less than 1.3
_	rhythmics
	Lidocaine Drip (Pediatric) (IVS)* Diluent volume
	75 mL, IV, Routine Comments: Reference Range; 20-50 mcg/kg/min lidocaine (additive)
_	1,000 mg, 20 mcg/kg/min
	+1 Hours adenosine 0.1 mg/kg, Injection, IV Push, once, STAT, Max dose = 6 mg
	+1 Hours amiodarone
	5 mg/kg, Ped Injectable, IV Piggyback, once, (infuse over 10 min), Not to exceed 300 mg per dose
ш	Amiodarone Drip (Pediatric) (IVS)* Dextrose 5% in Water 54 mL, IV, Routine
	Comments: Reference Range: 5-10 mg/kg/day
	amiodarone (additive) 300 mg, 5 mg/kg/day
	+1 Hours procainamide mg/kg, Ped Injectable, IV Piggyback, once, May repeat q 5 minutes, Max total dose 15 mg/kg
	Procainamide Drip (Pediatric) (IVS)*



Sodium Chloride 0.9%

120 mL, IV, Routine

Comments: Reference Range: 20 to 80 mcg/kg/min

procainamide (additive) pediatric

500 mg, 20 mcg/kg/min

Labora	itory			
	LEB Transfusion 4 Months of Age or Greater Plan(SUB)*			
	LEB Transfusion Less Than	4 Months of Age Plan(SUB)*		
	CBC			
	STAT, T;N, once, T	ype: Blood		
	CMP			
	STAT, T;N, once, T	ype: Blood		
	CRP			
	STAT, T;N, once, T	ype: Blood		
	BMP			
	STAT, T;N, once, T	ype: Blood		
	PT/INR			
	STAT, T;N, once, T	ype: Blood		
	PTT			
	STAT, T;N, once, T	ype: Blood		
	Fibrinogen Level			
	STAT, T;N, once, T	ype: Blood		
	D-Dimer Quantitative			
	STAT, T;N, once, T	ype: Blood		
	Blood Culture			
		en Source: Line, Central		
	Blood Culture			
	STAT, T;N, Specim	en Source: Peripheral Blood		
	Urinalysis w/Reflex Microsco	opic Exam		
		ype: Urine, Nurse Collect		
	Urine C&S			
		en Source: Urine, Nurse Collect		
	Influenza A&B Screen			
	STAT, T;N, once, T	ype: Nasopharyngeal(N-P), Nurse Collect		
	RSV Antigen Screen			
	•	ype: Nasopharyngeal(N-P), Nurse Collect		
	Respiratory Culture, Viral			
		men Source: Nasopharyngeal(N-P), Nurse Collect		
	Respiratory Culture and Gra	m Stain		
		en Source: Aspirate Body Site: Trachea, Nurse Collect		
	NOTE: Order below for Hea	rt Failure(NOTE)*		
	PT/INR			
	STAT, T;N, once, T	ype: Blood		
	PTT			
	STAT, T;N, once, T	ype: Blood		
	Hepzyme			
	STAT, T;N, once, T	ype: Blood		
	Fibrinogen Level			
	STAT, T;N, once, T	ype: Blood		



	D-Dimer Quantitative STAT, T;N, once, Type: Blood	
	Antithrombin III Level	
	STAT, T;N, once, Type: Blood HIT/Heparin Platelet Antibody	
	STAT, T;N, once, Type: Blood Platelet Count	
	STAT, T;N, once, Type: Blood Protein C	
	STAT, T;N, once, Type: Blood Protein S	
_	STAT, T;N, once, Type: Blood	
	Prothrombin Mutation PCR/Factor II STAT, T;N, once, Type: Blood	
	Factor V Leiden by PCR STAT, T;N, once, Type: Blood	
Diagno	ostic Tests	
	Chest 1 View T;N, Stat, Portable	
	Abd 1VW	
_	T;N, Stat, Portable	
	Its/Notifications/Referrals	
	Notify Physician-Continuing Notify For: weight changes greater than or less than	
	Consult MD Group Group: ULPS ID	
	Consult MD	
☑	Dietitian Consult/Nutrition Therapy Type of Consult: Nutrition Management	
	Lactation Consult	
	Consult Child Life	
$\overline{\mathbf{A}}$	Medical Social Work Consult	
	Reason: Assistance at Discharge	
	Consult Pastoral Care	
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