

## Physician Orders PEDIATRIC: LEB ED Facial Laceration Plan

	Triage Standing Facial Laceration
	tegorized Criteria: Patient presents with a laceration.(NOTE)*
/ital Si	gns
	Vital Signs
	Monitor and Record T,P,R,BP, per ED policy
	utrition
	NPO
Patient	Care
☑	Nursing Communication  If there is a suspected foreign body in the wound, mark the site with a marker and obtain xray of affected area
☑	Nursing Communication  Clean wound and apply moist saline bandages to laceration.
$\overline{\mathbf{v}}$	Nursing Communication
	Apply LET solution to wounds equal to or less than 7 cm and cover with Tegaderm.
☑	Nursing Communication  Leave LET solution on site until local anesthesia is achieved (20 minutes onset). Reassess  effectiveness of tetracaine gel every 30 minutes
Medica <sup>*</sup>	
$\overline{\mathbf{A}}$	LET Solution
	3 mL, Topical Soln, TOP, once, STAT, apply per departmental competency
	Facial Laceration Phase
	tegorized
☑ Patient	Powerplan Open
ш	IV Insert/Site Care LEB Stat, q2h(std)
_	Clean/Suture/Dress (ED Only) Stat
	Clean/Suture/Dress (ED Only)
_	Stat, EDT to infiltrate wound
Medica	·
	+1 Hours fentaNYL
	3 mcg/kg, Inh Soln, Nasal, once, STAT, Max Dose: 200 mcg
	<b>+1 Minutes</b> acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution 0.2 mg/kg, Elixir, PO, once, STAT, Max dose = 10mg (5ml = 2.5 mg HYDROcodone)
	+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
	1 tab, Tab, PO, once, STAT, Max dose = 10mg (1 tab = 5 mg HYDROcodone) (DEF)*
	☐ 2 tab, Tab, PO, once, STAT, Max dose = 10mg (2 tabs= 10 mg HYDROcodone)
ш	+1 Hours midazolam
	☐ 0.5 mg/kg, Syrup, PO, once, STAT, Max Dose: 20 mg (DEF)*
	☐ 0.3 mg/kg, Inh Soln, Nasal, once, STAT, Max Dose: 10 mg
	EPINEPHrine-lidocaine 1:100,000-1% inj
	mL, Injection, Infiltration, once, STAT, Max dose of lidocaine = 7 mg/kg/dose Comments: (1 mL = 10 mg of lidocaine component)
	lidocaine 1% inj
_	mL, Injection, Infiltration, once, STAT, Max dose of lidocaine = 4.5 mg/kg/dose
	Comments: $(1 \text{ mL} = 10 \text{ mg})$
Laboratory	
	If possibility of pregnancy, order below:(NOTE)*



**MD Number** 



## Pregnancy Screen Serum STAT, T;N, once, Type: Blood Pregnancy Screen Urine POC Urine, T;N, Stat, STAT **Diagnostic Tests** Skull Comp 4+ view T;N, Reason for Exam: Other, Enter in Comments, Stretcher Comments: Reason: injury LEB CT Maxillofacial Area WO Cont Plan(SUB)\*

Physician's Signature

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## \*Report Legend:

**Date** 

DEF - This order sentence is the default for the selected order

Time

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