



Physician Orders Pediatric: LEB NEURO SURG Neuroscience Unit Admit/Transfer Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
T;N, Phase: LEB Neuro Surg Neuroscience Unit Admit/Transfer Phase, When to Initiate: _____

LEB NEURO SURG Unit Admit/Transf Phase

Admission/Transfer/Discharge

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

Vital Signs

- ☐ Vital Signs w/Neuro Checks
- ☐ *T;N, Monitor and Record T,P,R,BP, q2h(std) (DEF)**
- ☐ *T;N, Monitor and Record T,P,R,BP, q4h(std)*

Activity

- ☐ Bedrest
T;N
- ☐ Out Of Bed
T;N
- ☐ Up
T;N, w/assist
- ☐ Activity As Tolerated
T;N, Up Ad Lib
- ☐ Shower
T;N, night before surgery

Food/Nutrition

- ☐ NPO
- ☐ *Start at: T;N (DEF)**
- ☐ *Start at: T;2359, Instructions: NPO except seizure meds*





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

Patient Care

- ☒ LEB Status Epilepticus Plan(SUB)*
- ☐ Advance Diet As Tolerated
T;N, Start clear liquids and advance to regular diet as tolerated.
- ☐ Nothing Per Rectum
T;N
- ☐ Isolation Precautions
T;N
- ☐ Consent Signed For
T;N
- ☐ Void Prior To Procedure
T;N, Routine, On Call
- ☐ Shampoo Hair
T;N, night before surgery
- ☐ Intake and Output
T;N, Routine, q2h(std)
- ☐ Daily Weights
T;N, Routine, qEve
- ☐ Implanted Port Access
T;N, Routine, For: blood draws and IV fluids
- ☐ Central Line May Use
T;N Routine, Special Instructions: For: blood draws and IV fluids
- ☐ Central Line Care
T;N, Routine, q2h
- ☐ IV Insert/Site Care LEB
T;N, Routine, q2h
- ☐ O2 Sat Spot Check-NSG
T;N, with vitals
- ☐ O2 Sat Monitoring NSG





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T;N

- ☐ Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- ☐ Nursing Communication
T;N, Do not start IV or labs until after sedation.
- ☐ PreOp Bath/Shower
T;N, Product To Use: Chlorhexidine(>12 months age)

Respiratory Care

- ☐ Oxygen Delivery
T;N, Special Instructions: Titrate to keep O2 sat \geq 93. Wean to room air.

Continuous Infusion

- ☐ D5NS
1,000 mL, IV, Routine, mL/hr

Medications

- ☐ **+1 Hours** ceFAZolin
25 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Max dose = 1 gram
Comments: on call to OR
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Routine, (for 5 day), (1 tab = 5 mg HYDROcodone),Max dose = 10 mg
- ☐ **+1 Hours** acetaminophen
 - ☐ 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day (DEF)*
 - ☐ 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
 - ☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
- ☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
- ☐ **+1 Hours** morphine
0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day), Max dose = 6mg
- ☐ **+1 Hours** ondansetron
 - ☐ 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4 mg (DEF)*
 - ☐ 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
- ☐ **+1 Hours** ondansetron





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0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

- ☐ **+1 Hours** dexamethasone
0.1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 4 mg
- ☐ **+1 Hours** diphenhydrAMINE
1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, Max dose 50mg, (5mL = 12.5mg)
- ☐ **+1 Hours** ranitidine
2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day
- ☐ **+1 Hours** famotidine
0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
- ☐ **+1 Hours** docusate
2.5 mg/kg, Oral Susp, PO, prn, PRN Constipation, Routine, (1 mL = 10 mg)
- ☐ **+1 Hours** lidocaine 4% topical cream
1 application, Cream, TOP, N/A, Other, specify in Comment, Routine, apply before IV starts/procedures

Laboratory

- ☐ CBC
T;N, Routine, once, Type: Blood
- ☐ BMP
Routine, T;N, once, Type: Blood
- ☐ PT/INR
Routine, T;N, once, Type: Blood
- ☐ PTT
Routine, T;N, once, Type: Blood
- ☐ Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- ☐ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine
- If patient has received chemo radiation within one year, order irradiated CMV appropriate leuko poor(NOTE)*
- ☐ LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- ☐ LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
- ☐ LEB Anticonvulsant Lab Orders Plan(SUB)*

Diagnostic Tests

- ☐ LEB MRI Brain & Stem W/WO Cont Plan(SUB)*
- ☐ LEB MRI Brain & Stem WO Cont Plan(SUB)*
- ☐ LEB CT Brain Head W/WO Cont Plan(SUB)*
- ☐ LEB CT Brain/Head WO Cont Plan(SUB)*





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- ☐ Shunt Series
T;N, Reason for Exam: Malfunction

Consults/Notifications/Referrals

- ☐ Notify Resident-Continuing
T;N, Notify: Neurosurgery resident, For changes in neuro status.
- ☐ Consult MD Group
T;N
- ☐ Consult MD
T;N
- ☐ Consult MD
T;N, Reason for Consult: Place fudicials for MRI
- ☐ Central Line Care Consult (LeB Only)
T;N
- ☐ Nutritional Support Team Consult
Start at: T;N, Reason: Parenteral Nutrition Support
- ☐ Consult Clinical Dietitian
T;N
- ☐ Consult Child Life
T;N
- ☐ Physical Therapy Ped Eval & Tx
T;N
- ☐ Occupational Therapy Ped Eval & Tx
*T;N (DEF)**
T;N
- ☐ Speech Therapy Ped Eval & Tx
T;N

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



Attach patient label here



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R-Required order

