

Physician Orders

LEB Nitric Oxide Initiation Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Link protocol at the plan level		
Non-Categorized		
NOTE: Document Indications for iNO		
Respiratory Care		
<input type="checkbox"/>	Initiate iNO Protocol	T;N,
<input type="checkbox"/>	Nitric Oxide (RT)	T;N, 20, Special Instructions: (maximum dose = 20 ppm), per iNO protocol
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Stat once, Test Select ABG, Special Instructions:at iNO initiation
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Stat once, Test Select CBG, Special Instructions:at iNO initiation
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Stat once, Test Select ABG, Special Instructions:obtain 30 minutes after iNO initiation
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Stat once, Test Select CBG, Special Instructions:obtain 30 minutes after iNO initiation
Laboratory		
<input type="checkbox"/>	Methemoglobin	Stat, T;N+30, once, Type: Blood, Collection Comment: NOTE: Specified Collect Time.
<input type="checkbox"/>	Methemoglobin	Routine, T+1;0400, qam x 3 day, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, Stat, Reason: Assess lung volume, Portable
<input type="checkbox"/>	Echocardiogram Pediatric (0-18 yrs)	T;N, Stat, Reason: evaluate for PPHN and R/O Congenital Heart Disease, Bedside
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: if NO2 level is greater than 1.5%, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: if NO2 level is greater than 1.5%, Who: _____

Date

Time

Physician's Signature

MD Number

