

Physician Orders

LEB NICU Gastrointestinal Obstruction Plan

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

attach patient label

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Initiate Powerplan Phase	T;N, Phase: LEB NICU GI Obstruction Phase	
Admission/Transfer/Discharge		
<input type="checkbox"/> Patient Status Initial Inpatient	Attending Physician: _____	
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/> Patient Status Initial Outpatient	Attending Physician: _____	
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/> Notify Physician Once	T;N, of room number on arrival to unit	
Vital Signs		
<input type="checkbox"/> Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h X _____ h, then q2h	
Activity		
<input type="checkbox"/> Out Of Bed(Activity As Tolerated)	T;N, Up Ad Lib	
<input type="checkbox"/> Out Of Bed(Activity-Peds)	T;N, Up Kangaroo Care (Peds)	
Food/Nutrition		
<input type="checkbox"/> NPO	Start at: T;N	
<input type="checkbox"/> Breastmilk (Expressed)	T;N, mL	
<input type="checkbox"/> Breastmilk, Donor	T;N, mL	
<input type="checkbox"/> LEB Formula Orders Plan		
Patient Care		
<input type="checkbox"/> Consent Signed For	T;N, Procedure: Transfusion of Blood/Blood Products	
<input type="checkbox"/> Consent Signed For	T;N, Procedure: Insertion of PICC Line	
<input type="checkbox"/> Isolation Precautions	T;N	
<input type="checkbox"/> Intake and Output	T;N, Routine, q2h(std)	
<input type="checkbox"/> Daily Weights	T;N, Routine, qEve	
<input type="checkbox"/> Intermittent Needle Therapy	T;N, Routine, q1h(std)	
Insert/Site Care LEB(Hepwell Insert/Site Care LEB)		
<input type="checkbox"/> Pediatric Bed Type NSG(NICU Bed Type NSG)	T;N	



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Patient Care continued		
[]	Minimal Stimulation	T;N, Routine
[]	Position Patient	T;N
[]	Nasogastric Tube(Replogle (NGT))	T;N, NG Tube Type: Replogle, Tube to Suction, Suction Strength: Low Intermittent
[]	Nothing Per Rectum	T;N
[]	Measure Circumference	T;N, q-shift, Of: Abdominal Girth
[]	Nursing Communication	T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs.
[]	O2 Sat Monitoring NSG	T;N, q1h(std)
[]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
[]	LEB NICU Respiratory Plan	
[]	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 Sat 90-95%
Continuous Infusion		
	NOTE: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.	
[]	Dextrose 5% in Water	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 10% in Water	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 12.5% in Water 500 ml	375 mL, IV, STAT, mL/hr
[]	Dextrose 5% with 0.2% NaCl(D5 1/4 NS)	1,000 mL, IV, STAT, mL/hr
[]	D10 1/4 NS (Pediatric)	250 mL, IV, STAT, mL/hr
[]	potassium chloride (D5 1/4 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr
[]	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, IV, STAT, mL/hr
[]	potassium chloride (D5 1/2 NS KCl 20 mEq/L)	
[]	D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)	250 mL, IV, STAT, mL/hr
[]	1/2 NS + heparin 1 unit/ml	500 mL, IV, Routine, mL/hr, Infuse via central or arterial line
Vasoactive Medications		
[]	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
[]	EPINEPHrine Drip (Pediatric)	95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most concentrated strengths
[]	DOBUTamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min
Sedation		
[]	Morphine Drip (Pediatric)(MorPHINE Drip (Pediatric))	49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths
[]	Fentanyl Drip (Pediatric)(FentaNYL Drip (Pediatric))	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
[]	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
[]	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
[]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr

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Diuretics		
[]	Furosemide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mg/kg/day
[]	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr
Replacement Fluids		
[]	Sodium Chloride 0.45% with KCl 20 mEq (1/2 NS with KCl 20 mEq)	1,000 mL, IV, STAT, Replacement fluid, Replace mL:mL q4h over 4hours
[]	Sodium Chloride 0.45% with KCl 20 mEq (1/2 NS with KCl 20 mEq)	1,000 mL, IV, STAT, Replacement fluid, Replace 1/2mL:mL q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, STAT, Replacement fluid, Replace mL:mL q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, STAT, Replacement fluid, Replace 1/2mL:mL q4h over 4 hours
Medicine		
[]	heparin flush(Heparin 10 units/mL Flush (peds))	1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or central line per nursing policy
Anti-infectives		
[]	ampicillin	100 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	gentamicin	5 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 7 d
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 8 to 28
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA greater than or equal to 29 days
[]	gentamicin	4.5 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA = 0 to 7 days
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA greater than or equal to 8 days
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
[]	amikacin	18 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 7 d
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 8 to 28
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA greater than or equal to 29 days.
[]	amikacin	18 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA = 0 to 7 days
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA greater than or equal to 8 days.
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
[]	cefotaxime	50 mg/kg, Ped Injectable, IV, q12h, Routine, (for 14 day)
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 30 to 36 weeks

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Anti-infectives continued		
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), PMA greater than or equal to 45 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), PMA greater than or equal to 45 weeks
[]	ceftazidime	30 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)
[]	ceftazidime	30 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	clindamycin	7.5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	meropenem	20 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), sepsis
[]	meropenem	40 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), meningitis
[]	acyclovir	20 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine
[]	amphotericin B	1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
[]	amphotericin B liposomal	5 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
[]	metroNIDAZOLE	15 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Loading Dose
[]	metroNIDAZOLE	7.5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	metroNIDAZOLE	7.5 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day)
[]	fluconazole	12 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Loading dose
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q72h, Routine, PMA less than or equal to 29 weeks, PNA = 0 to 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA less than or equal to 29 weeks, PNA greater than 14 days

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Anti-infectives continued		
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA = 30 to 36 weeks, PNA = 0 to 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA = 30 to 36 weeks, PNA greater than 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA = 37 to 44 weeks, PNA = 0 to 7 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA = 37 to 44 weeks, PNA greater than 7 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA greater than or equal to 45 weeks. PNA = All ages
Laboratory		
[]	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
[]	CBC	STAT, T;N, once, Type: Blood
[]	Comprehensive Metabolic Panel(CMP)	STAT, T;N, once, Type: Blood
[]	Magnesium Level	STAT, T;N, once, Type: Blood
[]	Phosphorus Level	STAT, T;N, once, Type: Blood
[]	Triglyceride	STAT, T;N, once, Type: Blood
[]	Fetal Maternal Smear(Kleihauer-Betke)	STAT, T;N, once, Type: Blood
[]	C-Reactive Protein(CRP)	STAT, T;N, once, Type: Blood
[]	Basic Metabolic Panel(BMP)	STAT, T;N, once, Type: Blood
[]	Blood Culture	STAT, T;N, once, Specimen Source: Peripheral Blood
[]	Blood Culture	STAT, T;N, once, Specimen Source: Line, Central, Nurse Collect
[]	LEB Transfusion Less Than 4 Months of Age Plan	
[]	LEB Transfusion 4 Months of Age or Greater Plan	
[]	Nursing Communication	T;N, Obtain mother's type and screen results, if results not available, obtain a FIN# for the mother and place order for Type and Screen Maternal STAT on the mother's chart. Order Comment: Registration forms can be obtained from the Access Department and faxed back to 287-5562. Once the FIN is obtained for the mother, log on to mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments.
Diagnostic Tests		
[]	Chest 1VW Frontal(CXR Portable)	T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable, Abdominal Distention, Pneumoperitoneum
[]	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable, Abdominal Distention, Pneumoperitoneum
[]	Chest Special Views (Left Lateral Decubitus CXR)	T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable, Abdominal Distention, Pneumoperitoneum
[]	Abd Sing AP VW(KUB)	T;N, Reason for Exam: Abdominal Distention, Routine, Portable, Pneumoperitoneum
[]	Abd Comp W Decubitus/Erect VW(KUB Flat and Upright)	T;N, Reason for Exam: Abdominal Distention, Routine, Portable, Pneumoperitoneum
[]	LEB CT Abdomen W/WO Cont Plan	
[]	LEB GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan	

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Diagnostic Tests continued	
<input type="checkbox"/>	LEB GI Upper W/WO Delayed Films WO KUB w/Delay Diet Plan
<input type="checkbox"/>	LEB GI UPPER W Sm Bowel W Mult Serial Films w/Delay Diet Plan
<input type="checkbox"/>	NM Gastroesophageal Reflux Study(Milk Study) T;N, Routine, Infant Transport
<input type="checkbox"/>	LEB Esophogram Plan
<input type="checkbox"/>	LEB BE W/WO KUB During Hrs w/Delay Diet Plan
Consults/Notifications	
<input type="checkbox"/>	Notify Physician For Vital Signs Of T;N, Oxygen Sat < 85%
<input type="checkbox"/>	Notify Physician-Continuing T;N
<input type="checkbox"/>	Notify Physician-Once T;N
<input type="checkbox"/>	Notify Nurse Practitioner For Vital Signs Of T;N, Oxygen Sat < 85%
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing T;N
<input type="checkbox"/>	Notify Nurse Practitioner-Once T;N
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Reason for Consult: Gastrointestinal Obstruction, General Surgery
<input type="checkbox"/>	Physician Group Consult T;N
<input type="checkbox"/>	Physician Consult T;N
<input type="checkbox"/>	NOTE: Place Physician Consult order below for Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)
<input type="checkbox"/>	Physician Consult T;N, Reason for Consult: Retinopathy of Prematurity Consultation
<input type="checkbox"/>	PICC Consult Ped - for Line Placement T;N
<input type="checkbox"/>	Nutritional Support Team Consult Start at: T;N, Reason: Total Parenteral Nutrition
<input type="checkbox"/>	Dietitian Consult T;N, Type of Consult: Nutrition Management
<input type="checkbox"/>	Lactation Consult T;N
<input type="checkbox"/>	Child Life Consult(Consult Child Life) T;N
<input type="checkbox"/>	PT Ped Eval & Tx(Physical Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	OT Ped Eval & Tx(Occupational Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	ST Ped Eval & Tx(Speech Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	Medical Social Work Consult T;N, Reason: Assistance at Discharge
<input type="checkbox"/>	Audiology Consult T;N, Initial newborn hearing screen, Routine
<input type="checkbox"/>	Pastoral Care Consult(Consult Pastoral Care) T;N, Reason for Consult: Baptism Family Support
<input type="checkbox"/>	Consult Case Management T;N, Reason for Consult: Discharge Planning

Date	Time	Physician's Signature	MD Number
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