



Physician Orders

LEB PICU Shock Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

Admission/Transfer/Discharge

☐ Admit Patient to Dr. _____
☐ **Admit Status:** ☐ Inpatient ☐ Routine Post Procedure <24hrs ☐ 23 hour OBS
☐ **Bed Type:** ☐ Med/Surg ☐ Critical Care ☐ Stepdown ☐ Telemetry; Specific Unit Location: _____
☐ Admit Patient T;N, Bed Type: Critical Care, Admit to Unit: PICU
☐ Notify Physician Once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

☐ Vital Signs T;N, Monitor and Record T,P,R,BP, q2h or as condition indicates
☐ Vital Signs w/Neuro Checks T;N, Monitor and Record T,P,R,BP, q2h
☐ Arterial Blood Pressure Monitoring T;N, transduce for continuous monitoring
☐ CVP Monitoring T;N, transduce for continuous monitoring

Activity

☐ Bedrest T;N
☐ Out Of Bed (Activity As Tolerated) T;N, Up Ad Lib

Food/Nutrition

☐ NPO Start at: T;N
☐ NPO Start at: T;N, Instructions: NPO except for medications
☐ Breastmilk (Expressed) T;N
☐ Breastmilk, Donor T;N
☐ Formula Per Home Routine T;N
☐ Formula Orders T;N _____
☐ Clear Liquid Diet Start at: T;N
☐ Regular Pediatric Diet Start at: T;N

Patient Care

☐ Advance Diet As Tolerated T;N, start clear liquids and advance to regular diet as tolerated.
☐ Isolation Precautions T;N, Type: _____
☐ Strict I/O T;N, Routine, intake q1h, output q2h or as condition indicates
☐ Daily Weights T;N, qEve
☐ Elevate Head Of Bed T;N, 30 degrees
☐ O2 Sat Monitoring NSG T;N, q2h(std)
☐ O2 Sat Monitoring NSG T;N, q1h(std)
☐ Cardiopulmonary Monitor T;N Routine, Monitor Type: CP Monitor
☐ Intra-Abdominal Pressure Monitoring T;N, Frequency: _____
☐ Foley Insert T;N, Suction Strength: To Gravity
☐ Bedside Glucose Nsg T;N, Frequency: _____
☐ Measure Circumference T;N, Of: Head, measure on admission(for ages < 1 yr and as indicated)
☐ Nursing Communication T;N, STAT, Obtain baseline cortisol level before hydrocortisone dose given
☐ Restraint (Protective) MD Order T;N, Site: _____, For 24 hr, Comment: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.





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Respiratory Care		
<input type="checkbox"/>	LEB Critical Care Respiratory Orders	see separate sheet
<input type="checkbox"/>	Initiate Pediatric Respiratory Treatment T;N Protocol	
<input type="checkbox"/>	Oxygen Delivery	T;N, ____ L/min, Special Instructions: Titrate to keep O2 sat at 85% to 93%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	____ mL, IV, once, Infuse over: 30min, STAT, T;N, (Bolus), Volume = 10mL/kg
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	____ mL, IV, once, Infuse over: 30min, STAT, T;N, (Bolus), Volume = 20mL/kg
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Intra-ARTERIAL, ____ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Central, ____ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT
<input type="checkbox"/>	albumin, human 5% bolus	____ mL/kg, injection, IV, once, Infuse over: 30 min, STAT, T;N, (Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	D5 1/2 NS	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	Sodium Chloride 3%	500mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	heparin drip (Pediatric)	____ units/kg/hr, Injection, IV, Routine, T;N, Reference Range: 10 to 28 unit/kg/hr
Vasoactive Medications		
<input type="checkbox"/>	DOPamine drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	DOBUamine drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min
<input type="checkbox"/>	norepinephrine drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min
<input type="checkbox"/>	vasopressin drip (pediatric)	____ milli-units/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.2 to 0.5 milli-units/kg/min
<input type="checkbox"/>	milrinone drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.25 to 0.75 mcg/kg/min, Dose must be adjusted for renal dysfunction
<input type="checkbox"/>	NiCARdipine drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 1 to 3 mcg/kg/min
<input type="checkbox"/>	labetalol drip (pediatric)	____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.25 to 1 mg/kg/hr
<input type="checkbox"/>	nitroPRUSSIDE drip (pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 5 mcg/kg/min
<input type="checkbox"/>	esmolol drip (Pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 50 to 250 mcg/kg/min
<input type="checkbox"/>	nitroglycerin drip (Pediatric)	____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/min

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Sedatives		
<input type="checkbox"/>	midazolam drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
<input type="checkbox"/>	morPHINE drip (Pediatric)	_____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 20 to 100 mcg/kg/hr
<input type="checkbox"/>	fentaNYL drip (pediatric)	_____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/hr
<input type="checkbox"/>	propofol drip (Pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 4 mg/kg/hr
Insulin		
<input type="checkbox"/>	insulin drip (pediatric)	_____ units/kg/hr, Injection, IV, Routine, T;N, Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 80-150 mg/dL
Replacement Fluids		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, routine, replacement fluids, T;N, Replace _____ mL: _____ mL, q _____ h over _____ hours
<input type="checkbox"/>	Lactated Ringers	1000mL, IV, routine, replacement fluids, T;N, Replace _____ mL: _____ mL, q _____ h over _____ hours
Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN Catheter clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	_____ mg (10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____ mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	ondansetron	_____ mg (0.1 mg/kg), Oral Soln, PO, q8h, PRN nausea/vomiting, routine, T;N, Max dose= 4mg
<input type="checkbox"/>	ondansetron	4mg, Orally Disintegrating Tablet, PO, q8h, PRN nausea/vomiting, routine, T;N
<input type="checkbox"/>	ondansetron	_____ mg (0.1 mg/kg), injection, IVPush, q8h, PRN nausea/vomiting, routine, T;N, Max dose= 4mg
<input type="checkbox"/>	heparin	_____ units, (75 units/kg), Injection, IV, once, Infuse over: 10 minutes, Routine, T;N
<input type="checkbox"/>	enoxaparin	_____ mg, (0.5mg/kg), Injection, subcutaneous, q12h, Routine, T;N, Prophylaxis dose, May use subcutaneous catheter
<input type="checkbox"/>	ranitidine	_____ mg, (1 mg/kg), Injection, IV, q8h, Routine, T;N, Max dose = 150 mg/day
<input type="checkbox"/>	pantoprazole	_____ mg (1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg/day
<input type="checkbox"/>	hydrocortisone	_____ mg, (12.5 mg/m ²), Injection, IV Piggyback, q6h, Routine, T;N, Obtain cortisol level before first dose given
<input type="checkbox"/>	midazolam	_____ mg, (0.1 mg/kg), Injection, IV, q1h, PRN sedation, Routine, T;N
<input type="checkbox"/>	morPHINE	_____ mg, (0.1 mg/kg), Injection, IV, q1h, PRN pain, Routine, T;N
<input type="checkbox"/>	fentaNYL	_____ mcg, (1 mcg/kg), Injection, IV, q1h, PRN pain, Routine, T;N
<input type="checkbox"/>	propofol	_____ mg, (2 mg/kg), Injection, IV, q1h, PRN sedation, Routine, T;N

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Electrolytes		
<input type="checkbox"/>	calcium chloride	_____ mg,(10 mg/kg), injection, IV, once, STAT,T;N, Max dose= 1 gram
<input type="checkbox"/>	magnesium sulfate	_____ mg/kg, injection, IV,once, STAT,T;N, Reference Range: 25 to 75 mg/kg, Max pediatric dose= 2 grams
<input type="checkbox"/>	sodium bicarbonate	_____ mEq,(1 mEq/kg), injection, IV, once, STAT,T;N
<input type="checkbox"/>	tromethamine (THAM)	_____ mL/kg,(3 mL/kg), injection, IV, once, STAT,T;N
NOTE: consider calcium gluconate if no central line		
<input type="checkbox"/>	calcium gluconate	_____ mg,(100 mg/kg), injection, IV, once, STAT,T;N
Laboratory		
<input type="checkbox"/>	LEB Transfusion-Less than 4 Months of Age Plan	see separate sheet
<input type="checkbox"/>	LEB Transfusion- 4 Months of Age or Greater Plan	see separate sheet
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	D-Dimer Quantitative	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Triglyceride	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Ammonia Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Cortisol Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Influenza A/B Antigen (Influenza A&B Screen)	STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
<input type="checkbox"/>	RSV Antigen Screen	STAT, T;N, Type: NP, Nurse Collect
<input type="checkbox"/>	Influenza A Virus by PCR (Respiratory Culture, Viral)	STAT, T;N, Type: Nasopharyngeal(N-P), Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine, Catheterized, Nurse Collect
<input type="checkbox"/>	Blood Culture	Routine, T;N, once, Specimen Source: Line, Central, Nurse Collect
<input type="checkbox"/>	Blood Culture	Routine, T;N+5, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain	Routine, T;N, Specimen Source: Aspirate
Diagnostic Tests		
<input type="checkbox"/>	Chest 1 VW Frontal	T;N, STAT, Reason: _____ Transport:Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, For: BP Systolic < _____, BP diastolic < _____, mean BP < _____, Celsius Temp < _____, Celsius Temp > _____, HR > _____, HR < _____, Resp Rate > _____, Resp Rate < _____, O2 Sat < _____, UOP < _____, Glucose > _____, Glucose < _____, ICP > _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, For: _____, Who: _____

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Consults/Notifications continued		
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult Nutritional Support Team	Start at: T;N, Stat, Reason: Total Parenteral Nutrition
<input type="checkbox"/>	Consult Clinical Dietitian	T;N, Type: _____
<input type="checkbox"/>	Lactation Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, Reason: _____
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason: _____
<input type="checkbox"/>	LCAP Consult	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: _____

Date

Time

Physician's Signature

MD Number