



Physician Orders PEDIATRIC: LEB Pulm Cystic Fibrosis Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: LEB Pulm CF Admit Phase, When to Initiate: _____

LEB Pulm Cystic Fibrosis Admit Phase

Admission/Transfer/Discharge

- ☐ 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
Notify For: of room number on arrival to unit

Vital Signs

- ☒ Vital Signs
- ☐ Monitor and Record T,P,R,BP (DEF)*
 - ☐ Monitor and Record T,P,R,BP, q4h(std)

Activity

- ☒ Activity As Tolerated
Up Ad Lib, must wear mask when leaving room, wash hands before leaving room, must remain at least 6 ft away from other cystic fibrosis patients, no visiting in other cystic fibrosis patient rooms

Food/Nutrition

- ☐ NPO
- ☐ Breastfeed
- ☐ LEB Formula Orders Plan(SUB)*
- ☐ High Calorie High Protein Diet
3 meals and 3 high calorie snacks. Allow double portions. Limit sugary beverages
- ☐ Clear Liquid Diet
Start at: T;N

Patient Care

- ☐ Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- ☒ Isolation Precautions
Isolation Type: Contact Precautions, must wear mask when out of room, must remain at least 6 ft away from other cystic fibrosis patients, no visiting in other cystic fibrosis patient rooms, for patients with multi-resistant pseudomonas or colonized B. cep
- ☒ Nursing Communication
If possible separate nursing staff if more than one cystic fibrosis patient on unit
- ☒ Intake and Output
Routine, q2h(std), include stools
- ☐ Daily Weights
Routine, qam
- ☒ Weight
Routine, MonThu
- ☐ O2 Sat Spot Check-NSG
with vital signs, discontinue if no oxygen required for 24 hours
- ☐ O2 Sat Spot Check-NSG
Sleeping O2 sat nightly until O2 sat greater than 92%
- ☐ O2 Sat Monitoring NSG
- ☐ Cardiopulmonary Monitor





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Routine, Monitor Type: CP Monitor

- ☐ Bedside Glucose Nsg
Routine, achs
- ☐ Bedside Glucose Nsg
Routine, once, overnight between midnight and 0300.
- R Instruct/Educate
Instruct: patient and caregiver, on hand hygiene before leaving room
- ☐ Implanted Port Access
Use for blood draw and medication administration
- ☐ IV Insert/Site Care LEB
Routine
Place PICC line insertion plan order below for patients needing PICC line access. Place PICC Consult for Non-Line Placement in Consult section for patients needing port a cath access(NOTE)*
- ☐ LEB PICC Line Insertion Plan(SUB)*

Nursing Communication

- ☐ Nursing Communication
Patient to use Relizorb home supply, if available
- ☐ Nursing Communication
1 cartridge of Relizorb if less than or equal to 500 mL/day formula and 2 cartridges of Relizorb for 501-1000 mL/day. Max of 2 cartridges of Relizorb per day
- ☐ Nursing Communication
Prescribed goal flow rate must be between 24-120 mL/hr of Relizorb
- ☐ Nursing Communication
Do not over tighten Relizorb cartridge. Do not re-use Relizorb cartridges.
- ☐ Nursing Communication
Relizorb is not to be used with fiber-containing formula.
- ☐ Nursing Communication
Store Relizorb at room temperature.

Respiratory Care

- ☐ Oxygen Delivery
Special Instructions: Titrate to keep O2 sat greater than 92%. Wean to room air
- ☐ Spirometry, bedside (Pulmonary Func Test)
Routine MonThu, Special Instructions: For patients unable to leave room.
- ☒ Spirometry (Pulmonary Function Test)
Routine, Special Instructions: MonThu
- ☒ RT Communication
Special Instructions: CF order of inhalation medication administration: 1. albuterol 2. hypertonic saline 3. dornase alfa 4. airway clearance 5. steroid 6. inhaled antibiotic
- ☐ RT Assess and Call
Routine
- ☒ Initiate Pediatric CPT/Hyperinflation Protocol

Continuous Infusion

- ☐ Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Medications

- ☐ **+1 Hours** acetaminophen
☐ *10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)**





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- ☐ 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
Comments: May take rectal if unable to take oral acetaminophen
- ☐ **+1 Hours** albuterol (MDI)
puff, MDI, INH, bid, Routine, (1 puff = 90 mcg), before airway clearance
- ☐ **+1 Hours** sodium chloride 7% inhalation solution
mL, Inh Soln, NEB, bid, Routine
Comments: give after bronchodilator and before airway clearance
- ☐ **+1 Hours** dornase alfa
 - ☐ 2.5 mg, Inh Soln, NEB, QDay, Routine (DEF)*
Comments: via PARI nebulizer (after hypertonic saline and before airway clearance)
 - ☐ 2.5 mg, Inh Soln, NEB, bid, Routine
Comments: via PARI nebulizer (after hypertonic saline and before airway clearance)
- ☐ **+1 Hours** tobramycin inhalation soln
300 mg, Inh Soln, NEB, bid, Routine, via PARI nebulizer (after airway clearance)
- ☐ **+1 Hours** colistimethate
 - ☐ 75 mg, Inh Soln, NEB, q12h, Routine, via PARI nebulizer (after airway clearance) (DEF)*
 - ☐ 150 mg, Inh Soln, NEB, q12h, Routine, via PARI nebulizer (after airway clearance)
- ☐ **+1 Hours** Sodium Chloride 0.9%
250 mL, IV, Routine, or medication administration
- ☐ **+1 Hours** template non-formulary medication
75 mg, Inh Soln, NEB, tid, Routine, Continuation of a Home Medication, For children greater than or equal to 7 years and adolescents
Comments: via Altera nebulizer system

Anti-infectives

- ☐ **+1 Hours** tobramycin
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day) (DEF)*
Comments: for _____ doses, for patients greater than or equal to 8 years old
 - ☐ 5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
Comments: for _____ doses, for patients greater than or equal to 8 years old
 - ☐ 3.3 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)
Comments: for _____ doses, for patients less than 8 years old
- ☐ **+1 Hours** piperacillin-tazobactam
100 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day)
Comments: (____mg of piperacillin component) for _____ doses, (1125mg of Zosyn contains 1000mg of piperacillin), Max dose = 18 grams/day of piperacillin component.
- ☐ **+1 Hours** cefTAZidime
50 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 6 grams/day
Comments: for _____ doses.
- ☐ **+1 Hours** cefepime
50 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 2 grams
Comments: for _____ doses.
- ☐ **+1 Hours** ciprofloxacin
 - ☐ 20 mg/kg, Oral Susp, PO, q12h, Routine, (for 14 day), Max dose = 1 gram/ dose (DEF)*
 - ☐ 250 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1 gram/ dose
 - ☐ 500 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1 gram/ dose
 - ☐ 750 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1 gram/ dose





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- ☐ **+1 Hours** meropenem
40 mg/kg, *Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 2 grams*
- ☐ **+1 Hours** vancomycin
 - ☐ 1 g, *Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 1 gram, for patients greater than or equal to 50 kg (DEF)**
 - ☐ 15 mg/kg, *Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 1 gram*
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim susp
10 mg/kg, *Susp, PO, q12h, Routine, (for 14 day), (5 mL = 40 mg trimethoprim)*
Comments: Dose expressed as mg of trimethoprim. Max dose = 320 mg of trimethoprim/day
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim SS
80 mg, *Tab, PO, q12h, Routine, (for 14 day), (80 mg of trimethoprim = 1 Tab)*
Comments: Dose expressed as mg of trimethoprim
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim DS
160 mg, *DS Tab, PO, q12h, Routine, (for 14 day), (160 mg of trimethoprim = 1 DS Tab)*
Comments: Dose expressed as mg of trimethoprim. Max dose = 320 mg of trimethoprim/day
- ☐ **+1 Hours** azithromycin
 - ☐ 500 mg, *Tab, PO, MWF, Routine, anti-inflammatory dose, patient greater than 40kg (DEF)**
 - ☐ 250 mg, *Tab, PO, MWF, Routine, anti-inflammatory dose, patient less than 40kg*
- ☐ **+1 Hours** linezolid
 - ☐ 10 mg/kg, *Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day) (DEF)**
Comments: less than 8 years old
 - ☐ 10 mg/kg, *Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)*
Comments: greater than or equal to 8 years old
 - ☐ 10 mg/kg, *Oral Susp, PO, q8h, Routine, (for 14 day)*
Comments: less than 8 years old
 - ☐ 10 mg/kg, *Oral Susp, PO, q12h, Routine, (for 14 day)*
Comments: greater than or equal to 8 years old, Max dose = 600 mg

Gastrointestinal Agents

- ☐ **+1 Hours** lansoprazole
 - ☐ 15 mg, *Tab, PO, QDay, Routine, (Solutab) (DEF)**
 - ☐ 30 mg, *Tab, PO, QDay, Routine, (Solutab)*
- ☐ **+1 Hours** polyethylene glycol 3350
17 g, *Powder, PO, QDay, Routine*
- ☐ **+1 Hours** ursodiol
 - ☐ 15 mg/kg, *Oral Soln, PO, bid, Routine (DEF)**
 - ☐ 15 mg/kg, *Tab, PO, bid, Routine, Max dose = 300mg/dose*
- ☐ **+1 Hours** ABDEK oral capsule
- ☐ **+1 Hours** Vitamin D3 1000 intl units oral tablet
1,000 *IntUnits, Tab, PO, QDay, Routine*
- ☐ **+1 Hours** Creon 3000 units oral delayed release capsule
 - ☐ 1 cap, *ER Capsule, PO, wm, Routine (DEF)**
 - ☐ 1 cap, *ER Capsule, PO, prn, PRN Snacks, Routine*
- ☐ **+1 Hours** Creon 6 delayed release capsule
 - ☐ 1 cap, *ER Capsule, PO, wm, Routine (DEF)**
 - ☐ 1 cap, *ER Capsule, PO, prn, PRN Snacks, Routine*
- ☐ **+1 Hours** Creon 12 delayed release capsule
 - ☐ 1 cap, *ER Capsule, PO, wm, Routine (DEF)**
 - ☐ 1 cap, *ER Capsule, PO, prn, PRN Snacks, Routine*





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- ☐ Creon 24 delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Creon 36,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 3000 units-10,000 units-14,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 5000 units-17,000 units-24,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 10,000 units-32,000 units-42,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 15,000 units-47,000 units-63,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 20,000 units-63,000 units-84,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ Zenpep 25,000 units-79,000 units-105,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 4,200 units-24,600 units-14,200 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 10,500 units-61,500 units-35,500 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 16,800 units-98,400 units-56,800 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 21,000 units-83,900 units-54,700 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, *wm*, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Viokace 10,440 units-39,150 units-39,150 units oral tablet
 - ☐ 1 tab, Tab, PO, *wm*, Routine (DEF)*
 - ☐ 1 tab, Tab, PO, *prn*, PRN Snacks, Routine
- ☐ **+1 Hours** Viokace 20,880 units-78,300 units-78,300 units oral tablet
 - ☐ 1 tab, Tab, PO, *wm*, Routine (DEF)*
 - ☐ 1 tab, Tab, PO, *prn*, PRN Snacks, Routine

Vitamin K

- ☐ **+1 Hours** phytonadione
 - 5 mg, Tab, PO, MWF, Routine
 - Comments: Take with meals and enzymes

Laboratory





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- ☒ CBC
Routine, T;N, once, Type: Blood
- ☒ CMP
Routine, T;N, once, Type: Blood
- ☐ PT
Routine, T;N, once, Type: Blood
- ☐ PTT
Routine, T;N, once, Type: Blood
- ☐ IgE Antibody
Routine, T;N, once, Type: Blood
- ☐ Cystic Fibrosis Carrier Screen
Routine, T;N, once, Type: Blood
- ☐ Pancreatic Elastase I
Routine, T;N, Type: Stool, Nurse Collect
- ☐ Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- ☒ Cystic Fibrosis Respiratory Culture
Routine, T;N, Specimen Source: Sputum Pharynx, Nurse Collect, Method: Swab
- ☐ AFB Culture and Smear
Routine, T;N, Specimen Source: Sputum Pharynx
- ☒ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Vit D 25OH
Routine, T;N, once, Type: Blood

Diagnostic Tests

- ☐ Chest PA & Lateral
 - ☐ T;N, Reason for Exam: Other, Enter in Comments, Routine, Wheelchair (DEF)*
Comments: Cystic Fibrosis Exacerbation
 - ☐ T;N, Reason for Exam: Line Placement, Routine, Wheelchair
 - ☐ T;N, Routine, Wheelchair
- ☐ KUB
T;N, Routine, Wheelchair
- ☐ KUB Flat and Upright
T;N, Routine, Wheelchair
- ☐ LEB CT Chest W Cont Plan(SUB)*
- ☐ LEB CT Chest WO Plan(SUB)*
- ☐ LEB CT Abdomen W/WO Cont Plan(SUB)*
- ☐ LEB GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan(SUB)*
- ☐ LEB GI Upper W/WO Delayed Films WO KUB w/Delay Diet Plan(SUB)*
- ☐ LEB GI Upper W Sm Bowel W Mult Serial Films w/Delay Diet Plan(SUB)*
- ☐ LEB Esophogram Plan w/Delay Diet(SUB)*

Consults/Notifications/Referrals

- ☐ Notify Resident-Continuing
- ☐ Notify Resident-Once
- ☐ Consult MD Group
Group: ULPS Endo, Reason for Consult: assistance with CFRD management
- ☐ Consult MD Group
Group: ULPS ID
- ☐ Consult MD Group
Group: ULPS Gastro




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- ☐ Consult MD Group
Group: UT Pediatrics GI
- ☐ Consult MD Group
Group: UTMG Pulmonology
- ☐ Consult MD Group
Group: Hospice and Palliative Care - xcov
- ☐ Consult MD
- ☐ Consult MD Group
Group: UTMG Ob/Gyn
- ☐ PICC Consult Ped - for Non Line Placement
Routine, port a cath access
- ☐ Consult Wound Care Nurse
- ☒ Dietitian Consult/Nutrition Therapy
- ☒ PT Ped Eval & Tx
- ☒ Medical Social Work Consult
- ☒ Child Life Consult
T;N
- ☐ Consult School Teacher
- ☐ Consult Clinical Pharmacist
Reason: continuous cefTAZidime therapy

Date**Time****Physician's Signature****MD Number**
***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

R-Required order

