



Physician Orders PEDIATRIC: LEB IR Biopsy Post Procedure Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB IR Biopsy Post Proc Phase, When to Initiate: _____

LEB IR Biopsy Post Procedure Phase

Admission/Transfer/Discharge

- Return Patient to Room
- Transfer Pt within current facility
- Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, q15min X 4 occurrences, then q30min X 4 occurrences, then q1h X 3h, then routine per unit.

Activity

- Activity As Tolerated
Up Ad Lib
- Bedrest
Strict
- Bedrest w/BRP

Food/Nutrition

- NPO
- Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- Observe For
Observe for signs/symptoms of bleeding/hematoma from biopsy site.
- Measure Circumference
Of: Girth, Measure abdominal girth on admission, then q-shift and PRN. Document results.
- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor
- DC CP Monitor
When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.
- O2 Sat Monitoring NSG

Respiratory Care

- Oxygen Delivery
Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air.

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)*
 - 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 unresponsive to PO acetaminophen





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- +1 Hours ondansetron
0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
Comments: Max dose = 8 mg
4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
Comments: Max dose = 8mg
+1 Hours ondansetron
0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
Comments: May take IV if unable to take PO.

Laboratory

- Hematocrit & Hemoglobin
STAT, T;N, once, Type: Blood
+360 Minutes Hematocrit & Hemoglobin
Time Study, T;N, q6h x 24 hr, Type: Blood

Diagnostic Tests

- Chest 1 View
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Post Lung Biopsy
+120 Minutes Chest 1 View
T;N+120, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Post Lung Biopsy
Abd 1VW
T;N, Stat, Portable

Consults/Notifications/Referrals

- Notify Resident-Continuing
Notify: Interventional Radiology Resident, Notify For: HCT <_____.
Notify Resident-Continuing
Notify: Interventional Radiology Resident, Notify For: Of abdominal girth increase _____cm.

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

