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)*
   
☐ +1 Hours acetaminophen
   
   80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
   
☐ +1 Hours acetaminophen
   
   325 mg, Tab, PO, 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 = 8 mg

☐ +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