Physician Orders PEDIATRIC: LEB PICU Sickle Cell Disease Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
  
  T:N, Phase: LEB PICU Sickle Cell Disease Phase, When to Initiate: ________________

LEB PICU Sickle Cell Disease Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient
  
  T:N Admitting Physician: _____________________________
  
  Reason for Visit: ____________________________________________
  
  Bed Type: Critical Care Specific Unit: PICU
  
  Care Team: ___________________________ Anticipated LOS: 2 midnights or more

☐ Notify Physician-Once
  
  T:N, of room number on arrival to unit.

Vital Signs

☐ Vital Signs
  
  T:N, Monitor and Record T,P,R,BP, q2h(std), or as condition indicates

☐ Vital Signs w/Neuro Checks
  
  T:N, Monitor and Record T,P,R,BP, q2h(std)

☐ Arterial Blood Pressure Monitoring
  
  T:N, transduce for continuous monitoring

☐ CVP Monitoring
  
  T:N, transduce for continuous monitoring

Activity

☐ Bedrest
  
  T:N

☐ Activity As Tolerated
  
  T:N, Up Ad Lib

☐ Up To Chair
  
  T:N, Up Ad Lib

Food/Nutrition

☐ NPO
  
  Start at: T:N (DEF)*
  
  Start at: T:N, Instructions: NPO except for medications

☐ Breastmilk (Expressed)
  
  T:N

☐ LEB Formula Orders Plan(SUB)*

☐ Clear Liquid Diet
  
  Start at: T:N

☐ Regular Pediatric Diet
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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

☐ Intake and Output
   T,N, Routine, Intake q1h, output q2h or as condition indicates

☐ Daily Weights
   T,N, Routine, qEve

☐ Elevate Head Of Bed
   T,N, 30 degrees

☐ O2 Sat Monitoring NSG
   T,N, q2h(std) (DEF)*
   T,N, q1h(std)

☐ Cardiopulmonary Monitor
   T,N Routine, Monitor Type: CP Monitor

☐ Bedside Glucose Nsg
   T,N

☐ Measure Circumference
   T,N, Of: Head, Measure on admission (for ages <1 and as indicated)

☐ Seizure Precautions
   T,N, Routine

☐ Intra-Abdominal Pressure Monitoring
   T,N

☐ Avoid
   T,N, Avoid: Contact with Pregnant Women

☐ SCD Apply
   T,N, Apply to lower extremities

☐ Restraint Medical/Surgical(non-violent, non-self-destructive)
   T,N

Respiratory Care

☐ LEB Critical Care Respiratory Plan(SUB)*

☐ Oxygen Delivery
   T,N, Special Instructions: Titrare to keep O2 sat at 85% to 93%

☐ Pulmonary Function Screening
   T,N Routine once

☐ ISTAT POC (RT Collect)
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T,N Stat once, Test Select Ionized calcium

Continuous Infusion

☐ Sodium Chloride 0.9%
  1,000 mL, Intra-ARTERIAL, Routine, mL/hr, Infuse via ART line, To be performed by RT

☐ Sodium Chloride 0.9%
  1,000 mL, Central IV, Routine, infuse via CVP line, To be performed by RT

☐ albumin, human 5% Bolus
  mL/kg, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)

☐ D5 1/2NS
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/4 NS
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/2 NS KCI 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/4 NS KCI 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

☐ Sodium Chloride 3%
  500 mL, IV, Routine, mL/hr

☐ +1 Hours Heparin Drip (Pediatric) (IVS)*
  Diluent volume
  heparin (additive)
  25,000 units

Sedation

☐ +1 Hours Fentanyl Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  15 mL, IV, Routine, Reference Range: 0.5 to 2 mcg/kg/hr
  fentanyl (additive)
  500 mcg, mcg/kg/hr

☐ +1 Hours Midazolam Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  15 mL, IV, Routine, Reference Range: 0.05 to 0.2 mg/kg/hr
  midazolam (additive)
  50 mg, mg/kg/hr

☐ +1 Hours MorPHINE Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  49.5 mL, IV, Routine, Reference Range: 20 to 100 mcg/kg/hr
  morPHINE (additive)
  5 mg, mcg/kg/hr

Electrolytes

☐ calcium chloride
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- **10 mg/kg, Ped Injectable, IV, once, STAT, Max dose = 1 gram**
- **magnesium sulfate**
  - **mg/kg, Ped Injectable, IV, once, STAT, Ref. Range: 25 to 75 mg/kg**
  - **Comments: Max pediatric dose = 2 grams**
- **sodium bicarbonate**
  - **1 mEq/Kg, Ped Injectable, IV, once, STAT**
- **Tham**
  - **3 mL/kg, Injection, IV, once, STAT**
  - **NOTE: consider calcium gluconate if no central line (NOTE)**
- **calcium gluconate**
  - **100 mg/kg, Ped Injectable, IV, once, STAT**

**Insulins**

- **+1 Hours Insulin Drip (Pediatric) (IVS)**
  - **Sodium Chloride 0.9%**
  - **246.75 mL, IV, Routine, unit/kg/hr**
  - **Comments: Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 80-150 mg/dL**
  - **insulin regular (additive)**
  - **125 units**

**Replacement Fluids**

- **Sodium Chloride 0.9%**
  - **1,000 mL, IV, Routine, Replacement Fluids**
  - **Comments: Replace _____ mL: _____ mL, q_____ h over ____ hours**

- **Lactated Ringers Injection**
  - **1,000 mL, IV, Routine, Replacement Fluids**
  - **Comments: Replace _____ mL: _____ mL, q_____ h over ____ hours**

**Medications**

- **+1 Hours acetaminophen**
  - **10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day (DEF)**
  - **30 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day**
  - **Comments: (1 tab = 80mg)**

- **+1 Hours acetaminophen**
  - **325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day**

- **+1 Hours ibuprofen**
  - **10 mg/kg, Oral Soln, PO, q8h, PRN Pain or Fever, Routine, Max dose = 800 mg (DEF)**

- **+1 Hours heparin**
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75 units/kg, Injection, IV, once, Routine, (infuse over 10 min)

☐ +1 Hours enoxaparin
   0.5 mg/kg, Injection, Subcutaneous, q12h, Routine, Prophylaxis dose, May use subcutaneous catheter

☐ +1 Hours ketorolac
   0.5 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 5 day), Max dose = 30 mg

☐ +1 Hours morphine
   ☐ 0.05 mg/kg, Ped Injectable, IV Push, q3h, PRN Pain, Routine, (for 3 day), Max initial dose = 2 mg (DEF)*
   ☐ 0.1 mg/kg, Ped Injectable, IV Push, q3h, PRN Pain, Routine, Max initial dose = 2 mg

☐ +1 Hours morPHINE immediate release
   ☐ 0.3 mg/kg, Oral Soln, PO, q4h, PRN Pain, Routine, (for 3 day) (DEF)*
   ☐ 15 mg, Tab, PO, q4h, PRN Pain, Routine, (for 3 day)

☐ +1 Hours morPHINE extended release (MS Contin)
   ☐ 15 mg, ER Tablet, PO, q12h, Routine, (for 3 day) (DEF)*
   ☐ 30 mg, ER Tablet, PO, q12h, Routine, (for 3 day)
   ☐ 60 mg, ER Tablet, PO, q12h, Routine, (for 3 day)

☐ +1 Hours ondansetron
   ☐ 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4 mg (DEF)*
   ☐ 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
   0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 3 mg

☐ +1 Hours famotidine
   0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day

☐ +1 Hours pantoprazole
   1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, Max dose = 40 mg/day

Anti-infectives
☐ LEB Anti-Infective Orders Plan(SUB)*

☐ +1 Hours penicillin V potassium
   ☐ 125 mg, Oral Susp, PO, q12h, (for 14 day) (DEF)*
   ☐ 250 mg, Oral Susp, PO, q12h, (for 14 day)
   ☐ 125 mg, Tab, PO, q12h, (for 14 day)
   ☐ 250 mg, Tab, PO, q12h, (for 14 day)

Laboratory
☐ PT/INR
   STAT, T;N, once, Type: Blood
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- PTT
  - STAT, T;N, once, Type: Blood
- Pregnancy Screen Serum
  - STAT, T;N, once, Type: Blood
- Epstein-Barr Virus Profile
  - STAT, T;N, once, Type: Blood
- Cytomegalovirus IgG Antibody
  - STAT, T;N, once, Type: Blood
- Cytomegalovirus IgM Antibody
  - STAT, T;N, once, Type: Blood
- Human Parvovirus B-19 Antibody Panel
  - STAT, T;N, once, Type: Blood
- PT Mixing Studies
  - STAT, T;N, once, Type: Blood
- PTT Mixing Studies
  - STAT, T;N, once, Type: Blood
- HPLC Hemoglobinopathy Evaluation
  - STAT, T;N, once, Type: Blood

Chemistry

- Iron Profile with TIBC
  - STAT, T;N, once, Type: Blood
- Lipase Level
  - STAT, T;N, once, Type: Blood
- CMP
  - STAT, T;N, once, Type: Blood
- Lactate Level
  - STAT, T;N, once, Type: Blood
- Magnesium Level
  - STAT, T;N, once, Type: Blood
- Phosphorus Level
  - STAT, T;N, once, Type: Blood
- Uric Acid Level
  - STAT, T;N, once, Type: Blood
- Amylase Level
  - STAT, T;N, once, Type: Blood
- Ferritin Level
  - STAT, T;N, once, Type: Blood
- Iron Level
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- STAT, T,N, once, Type: Blood
  - Lead Blood
    - STAT, T,N, once, Type: Blood
  - Folate Level
    - STAT, T,N, once, Type: Blood
  - Erythropoietin
    - STAT, T,N, once, Type: Blood
  - Hepatic Panel
    - STAT, T,N, once, Type: Blood
  - Total Bilirubin
    - STAT, T,N, once, Type: Blood
  - Bilirubin Direct
    - STAT, T,N, once, Type: Blood
  - Vitamin B12 Level
    - STAT, T,N, once, Type: Blood

Transfusion Orders
- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

Hematology
- CBC
  - STAT, T,N, once, Type: Blood
- Reticulocyte Count
  - STAT, T,N, once, Type: Blood
- Platelet Function Test
  - STAT, T,N, once, Type: Blood

Body Fluids
- Urine Culture
  - STAT, T,N, Specimen Source: Urine, Catheterized, Nurse Collect (DEF)*
  - STAT, T,N, Specimen Source: Urine, Clean Catch, Nurse Collect
  - STAT, T,N, Specimen Source: Urine, Suprapubic, Nurse Collect
- Urinalysis w/Reflex Microscopic Exam
  - STAT, T,N, once, Type: Urine, Nurse Collect

Microbiology
- Blood Culture
  - STAT, T,N, once, Specimen Source: Peripheral Blood
- C&S Throat
  - STAT, T,N, Specimen Source: Throat/Pharynx Body Site: Trachea Other: Aspirate

Culture, Sputum and Gram Stain

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STAT, T,N, Specimen Source: Aspirate Body Site: Trachea, Nurse Collect

Diagnostic Tests

☐ Chest 1 VW
   T,N, Routine, Portable

☐ Chest PA & Lateral
   T,N, Routine, Stretcher

☐ EKG
   Start at: T,N, Priority: Routine, Transport: Stretcher

☐ Echocardiogram Pediatric (0-18 yrs)
   Start at: T,N, Priority: Routine, Transport: Stretcher

☐ LEB CT Brain Head W/WO Cont Plan(SUB)*

☐ LEB MRI Brain & Stem W/WO Cont Plan(SUB)*

☐ MRA Head WO Cont
   T,N, Routine, Stretcher

☐ LEB CT Chest W Cont Plan(SUB)*

☐ LEB CT Abdomen W Cont Plan(SUB)*

☐ Liver/Spleen Scan
   T,N, Routine, Stretcher

☐ NM Cardiac Blood Pool Imag Sing Study
   T,N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher

☐ LEB US Abd Comp w/Delay Diet Plan(SUB)*

☐ LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*

☐ US Abd Limited w/Doppler
   T,N, Routine, Wheelchair

Consults/Notifications/Referrals

☐ Notify Physician For Vital Signs Of
   T,N

☐ Notify Physician-Continuing
   T,N

☐ Notify Physician-Once
   T,N

☐ Notify Nurse Practitioner-Continuing
   T,N

☐ Notify Nurse Practitioner-Once
   T,N

☐ Consult MD Group
   T,N

☐ Consult MD

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☐ Consult Nutritional Support Team
   Start at: T,N, Stat, Reason: Total Parenteral Nutrition

☐ Pharmacy Consult for PCA
   T,N

☑ Dietitian Consult/Nutrition Therapy
   T,N, Type of Consult: Nutrition Management

☐ Lactation Consult
   T,N

☑ Consult Child Life
   T,N

☐ Physical Therapy Ped Eval & Tx
   T,N, Routine

☐ Occupational Therapy Ped Eval & Tx
   T,N, Routine

☐ Speech Therapy Ped Eval & Tx
   T,N, Routine

☑ Medical Social Work Consult
   T,N

☐ Audiology Consult
   T,N, Other, enter in comments, Routine
   Comments: screening

☐ Consult Pastoral Care
   T,N

☐ LCAP Consult
   T,N

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
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R-Required order