Attach patient label here

LeBonheur Children's Hospital

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

Attach patient label here

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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: Titrate 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 KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/4 NS KCl 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%
248.75 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=90mg/kg/day up to 4 g/day* (DEF)*
- ☐ *80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose=90mg/kg/day up to 4 g/day*
Comments: (1 tab = 80mg)
- ☐ *325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day*

☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, 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)*
- ☐ *10 mg/kg, Tab, PO, q8h, PRN Pain or Fever, Routine, Max Dose = 800 mg*

☐ **+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 = 8 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

Physician Orders PEDIATRIC: LEB PICU Sickle Cell Disease Plan

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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T;N

- ☐ 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

Attach patient label here

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R-Required order