



Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB CVICU Medical Admit Phase, When to Initiate: _____

LEB CVICU Medical Admit Phase

Non Categorized

- Notify Physician-Once
Notify For: of room number on arrival to unit

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: Critical Care Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- Patient Status Initial Outpatient
T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services

Vital Signs

- Vital Signs
 - Monitor and Record T,P,R,BP, q1h(std) (DEF)**
 - Monitor and Record T,P,R,BP, q2h(std)*

Activity

- Bedrest
- Out Of Bed
Up Ad Lib, With Assistance

Food/Nutrition

- NPO
- Breastmilk (Expressed)
- LEB Formula Orders Plan(SUB)*
- Diet Clear Liquid
- Regular Pediatric Diet

Patient Care

- Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated
- Isolation Precautions
- Intake and Output
Routine, intake q1h, output q2h
- Daily Weights
Routine, QDay, on floor scale if patient is mobile., T+1;0800
- Elevate Head Of Bed
30 degrees
- O2 Sat Monitoring NSG
q1h(std)
- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor





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- Suction Patient
PRN, PRN airway clearance
- Bedside Glucose Nsg
- Foley Insert-Follow Removal Protocol
To gravity drainage
Order below if SCD is applicable(NOTE)*
- SCD Apply
Apply to Lower Extremities
- NIRS Monitor
- Respiratory Care**
- Oxygen Delivery
Special Instructions: Titrate to keep O2 sat at 85% to 93%.
- LEB Critical Care Respiratory Plan(SUB)*
- Continuous Infusion**
- Sodium Chloride 0.9% Bolus
mL/kg, Injection, IV, once, STAT, (infuse over 15 min)
- albumin, human 5% Bolus
mL/kg, Injection, IV, once, STAT, (infuse over 15 min)
- D5W
500 mL, IV, STAT, mL/hr, Infuse via CVP line
- Heparin 2 Units/ml in 500 ml NS (Pediatric)
500 mL, Intra-ARTERIAL, STAT, mL/hr, infuse via arterial line
- Heparin Drip (Pediatric) (IVS)*
Diluent volume
500 mL, IV, Routine
heparin (additive)
25,000 units, unit/kg/hr
- D5 1/2NS
1,000 mL, IV, STAT, mL/hr
- D5 1/2 NS KCl 20 mEq/L
20 mEq / 1,000 mL, IV, STAT, mL/hr
- Vasoactive Medications**
- DOPamine Drip (Pediatric) (IVS)*
Diluent volume
250 mL, IV, Routine
Comments: Reference Range: 2 to 20 mcg/kg/min
DOPamine
400 mg, mcg/kg/min
- Phenylephrine Drip (Pediatric) (IVS)*
Dextrose 5% in Water
99 mL, IV, Routine
Comments: Reference range: 0.1 to 0.5 mcg/kg/min
phenylephrine (additive) pediatric
10 mg, mcg/kg/min
- EPINEPHrine Drip (Pediatric) (IVS)*
Dextrose 5% in Water
95 mL, IV, Routine
Comments: Reference Range: 0.01 to 0.2 mcg/kg/min
EPINEPHrine (additive)
5 mg, mcg/kg/min





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15 mL, IV, Routine

Comments: Reference range: 0.5 to 2 mcg/kg/hr

fentanyl (additive)
500 mcg, mcg/kg/hr

- Midazolam Drip (Pediatric) (IVS)*

Dextrose 5% in Water
15 mL, IV, Routine

Comments: Reference range: 0.05 to 0.2 mg/kg/hr

midazolam (additive)
50 mg, mg/kg/hr

- Dexmedetomidine Drip (Pediatric) (IVS)*

Diluent volume
100 mL, IV, Routine

dexmedetomidine (additive)
400 mcg, mcg/kg/hr

Paralytics

- Vecuronium Drip (Pediatric) (IVS)*

Diluent volume
30 mL, IV, Routine

Comments: Reference range: 0.05 to 0.2 mg/kg/hr

vecuronium (additive)
30 mg, mg/kg/hr

- Cisatracurium Drip (Pediatric) (IVS)*

Diluent volume
20 mL, IV, Routine

Comments: Reference range: 1 to 5 mcg/kg/min

cisatracurium (additive)
40 mg, mcg/kg/min

Diuretics

- Furosemide Drip (Pediatric) (IVS)*

Dextrose 5% in Water
30 mL, IV, Routine

Comments: Reference range: 2.5 to 10 mg/kg/day

furosemide (additive) pediatric
100 mg, mg/kg/day

- Bumetanide Drip (Pediatric) (IVS)*

Dextrose 5% in Water
30 mL, IV, Routine

Comments: Reference range: 2.5 to 10 mcg/kg/hr

bumetanide (additive)
2.5 mg, mcg/kg/hr

Medications

- +1 Hours** furosemide
1 mg/kg, Ped Injectable, IV, q12h, Routine, Max dose = 40 mg

- +1 Hours** bumetanide
0.025 mg/kg, Ped Injectable, IV, q24h, Max dose = 1 mg

- LEB CVICU Anti-Infective Orders Plan(SUB)*

- LEB Cardiology Medication Plan(SUB)*

- +1 Hours** acetaminophen

- 325 mg, Tab, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*

- 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day





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- 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day
- 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** famotidine
0.5 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day
- +1 Hours** pantoprazole
1 mg/kg, Injection, IV Piggyback, q24h, Routine, Max dose = 40mg/day
- +1 Hours** midazolam
0.1 mg/kg, Injection, IV, q1h, PRN Sedation, Max dose = 2 mg
- +1 Hours** ketorolac
0.5 mg/kg, Injection, IV, q6h, PRN Pain, Moderate (4-7), Routine, Max dose= 30 mg
- +1 Hours** morphine
0.1 mg/kg, Injection, IV, q1h, PRN Pain, Severe (8-10), Routine
- +1 Hours** fentaNYL
1 mcg/kg, Injection, IV, q1h, PRN Pain, Severe (8-10), Routine

Electrolytes

- +1 Hours** magnesium sulfate
mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine
Comments: Reference Range: 25 to 75 mg/kg, Max pediatric dose = 2 grams, Magnesium less than 2
- +1 Hours** potassium chloride
0.5 mEq/Kg, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3.5, Max dose = 40 mEq
- +1 Hours** potassium chloride
1 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3, Max dose = 40 mEq
- +1 Hours** sodium bicarbonate
1 mEq/Kg, Injection, IV, once, STAT
- +1 Hours** calcium chloride
10 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, Max dose = 1 gram, Ionized Calcium less than 1.3

Antiarrhythmics

- Lidocaine Drip (Pediatric) (IVS)*
Diluent volume
75 mL, IV, Routine
Comments: Reference Range; 20-50 mcg/kg/min
lidocaine (additive)
1,000 mg, 20 mcg/kg/min
- +1 Hours** adenosine
0.1 mg/kg, Injection, IV Push, once, STAT, Max dose = 6 mg
- +1 Hours** amiodarone
5 mg/kg, Ped Injectable, IV Piggyback, once, (infuse over 10 min), Not to exceed 300 mg per dose
- Amiodarone Drip (Pediatric) (IVS)*
Dextrose 5% in Water
54 mL, IV, Routine
Comments: Reference Range: 5-10 mg/kg/day
amiodarone (additive)
300 mg, 5 mg/kg/day
- +1 Hours** procainamide
mg/kg, Ped Injectable, IV Piggyback, once, May repeat q 5 minutes, Max total dose 15 mg/kg
- Procainamide Drip (Pediatric) (IVS)*





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Sodium Chloride 0.9%

120 mL, IV, Routine

Comments: Reference Range: 20 to 80 mcg/kg/min

procainamide (additive) pediatric

500 mg, 20 mcg/kg/min

Laboratory

- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- CBC
STAT, T;N, once, Type: Blood
- CMP
STAT, T;N, once, Type: Blood
- CRP
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- PT/INR
STAT, T;N, once, Type: Blood
- PTT
STAT, T;N, once, Type: Blood
- Fibrinogen Level
STAT, T;N, once, Type: Blood
- D-Dimer Quantitative
STAT, T;N, once, Type: Blood
- Blood Culture
STAT, T;N, Specimen Source: Line, Central
- Blood Culture
STAT, T;N, Specimen Source: Peripheral Blood
- Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
- Urine C&S
STAT, T;N, Specimen Source: Urine, Nurse Collect
- Influenza A&B Screen
STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
- RSV Antigen Screen
STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
- Respiratory Culture, Viral
Routine, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect
- Respiratory Culture and Gram Stain
STAT, T;N, Specimen Source: Aspirate Body Site: Trachea, Nurse Collect
- NOTE: Order below for Heart Failure(NOTE)*
- PT/INR
STAT, T;N, once, Type: Blood
- PTT
STAT, T;N, once, Type: Blood
- Hepzyme
STAT, T;N, once, Type: Blood
- Fibrinogen Level
STAT, T;N, once, Type: Blood



