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
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

- 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*

**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*
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

☐ Vasopressin Drip (Pediatric) (SHOCK) (IVS)*
  Sodium Chloride 0.9%
  97.5 mL, IV, Routine, 0.5 milli-units/kg/min
  Comments: Reference Range: 0.2 to 0.5 milli-units/kg/min
  vasopressin (additive)
  50 units, milli-units/kg/min

☐ Milrinone Drip (Pediatric) (IVS)*
  Diluent volume
  100 mL, IV, Routine
  Comments: Reference Range: 0.25 to 0.75 mcg/kg/min, Dose must be adjusted for
  renal dysfunction
  milrinone (additive)
  20 mg, mcg/kg/min

☐ NiCARdipine Drip (Pediatric) (IVS)*
  Diluent volume
  200 mL, IV, Routine
  Comments: Reference Range: 1 to 3 mcg/kg/min
  niCARdipine (additive)
  40 mg, mcg/kg/min

☐ Labetalol Drip (Pediatric) (IVS)*
  Diluent volume
  40 mL, IV, Routine
  Comments: Reference Range: 0.25 to 1 mg/kg/hr
  labetalol (additive) pediatric
  200 mg, mg/kg/hr

☐ NitroPRUSSIDE Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  98 mL, IV, Routine
  Comments: Reference Range: 0.5 to 5 mcg/kg/min
  nitroprusside
  50 mg, mcg/kg/min

☐ Esmolol Drip (Pediatric) (IVS)*
  Diluent volume
  100 mL, IV, Routine
  Comments: Reference Range: 50 to 250 mcg/kg/min
  esmolol
  2,000 mg, mcg/kg/min

☐ NitroGLYcerin Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine
  Comments: Reference Range: 0.5 to 2 mcg/kg/min
  nitroGLYcerin (additive) pediatric
  100 mg, mcg/kg/min

Sedatives

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

☐ FentaNYL Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

15 mL, IV, Routine
  fentanyl (additive)
  500 mcg, mcg/kg/hr
  Comments: Reference range: 0.5 to 2 mcg/kg/hr

Midazolam Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  15 mL, IV, Routine
  midazolam (additive)
  50 mg, mg/kg/hr
  Comments: Reference range: 0.05 to 0.2 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
  vecuronium (additive)
  30 mg, mg/kg/hr
  Comments: Reference range: 0.05 to 0.2 mg/kg/hr

  Cisatracurium Drip (Pediatric) (IVS)*
  Diluent volume
  20 mL, IV, Routine
  cisatracurium (additive)
  40 mg, mcg/kg/min
  Comments: Reference range: 1 to 5 mcg/kg/min

Diuretics
  Furosemide Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  30 mL, IV, Routine
  furosemide (additive) pediatric
  100 mg, mg/kg/day
  Comments: Reference range: 2.5 to 10 mg/kg/day

  Bumetanide Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  30 mL, IV, Routine
  bumetanide (additive)
  2.5 mg, mcg/kg/hr
  Comments: Reference range: 2.5 to 10 mcg/kg/hr

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

  bumetanide
  0.025 mg/kg, Ped Injectable, IV, q24h, Max dose = 1 mg

  +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
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

- 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)*
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

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
Physician Orders PEDIATRIC: LEB CVICU Medical Admit Plan

- D-Dimer Quantitative
  STAT, T;N, once, Type: Blood
- Antithrombin III Level
  STAT, T;N, once, Type: Blood
- HIT/Heparin Platelet Antibody
  STAT, T;N, once, Type: Blood
- Platelet Count
  STAT, T;N, once, Type: Blood
- Protein C
  STAT, T;N, once, Type: Blood
- Protein S
  STAT, T;N, once, Type: Blood
- Prothrombin Mutation PCR/Factor II
  STAT, T;N, once, Type: Blood
- Factor V Leiden by PCR
  STAT, T;N, once, Type: Blood

Diagnostic Tests
- Chest 1 View
  T;N, Stat, Portable
- Abd 1VW
  T;N, Stat, Portable

Consults/Notifications/Referrals
- Notify Physician-Continuing
  Notify For: weight changes greater than _______ or less than __________
- Consult MD Group
  Group: ULPS ID
- Consult MD
- Dietitian Consult/Nutrition Therapy
  Type of Consult: Nutrition Management
- Lactation Consult
- Consult Child Life
- Medical Social Work Consult
  Reason: Assistance at Discharge
- Consult Pastoral Care

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