Physician Orders PEDIATRIC: LEB IR Thrombolysis Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: LEB IR Thrombolysis Phase, When to Initiate:____________________

LEB IR Thrombolysis 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,
  completed distal pulse checks with vital signs

Activity
- Bedrest
  Strict with affected extremity straight

Food/Nutrition
- NPO
- Clear Liquid Diet
  Start at: T;N

Patient Care
- Intake and Output
  Routine, q2h(std)
- Cardiopulmonary Monitor
  Routine, Monitor Type: CP Monitor
- Foley Care
  to bedside gravity drainage
- Avoid
  No IV, SC or IM sticks
- Dressing Care
  Action: Do Not Change, dressing
- Nursing Communication
  send patient to cath lab at ___ hours on ___
- Nursing Communication
  If fibrinogen is less than 100 mg/dL, stop Alteplase and start normal saline @ ____ mL/hr.
- 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

Continuous Infusion
- Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr
  Comments: To be infused continuously if alteplase drip runs out or if fibrinogen less than
  100mg/dL
- +1 Hours Heparin Drip (Pediatric) (IVS)*
  Diluent volume
  500 mL, IV, Routine
  heparin (additive)
  25,000 units, unit/kg/hr
- +1 Hours Alteplase Drip (Pediatric) (IVS)*
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Diluent volume
50 mL, IV, Routine
Comments: Start drip at ____mL/hr through catheter, Max dose = 1mg/hr, Stop if fibrinogen less than 100 mg/dL
alteplase (additive)
50 mg, mg/kg/hr

Medications
☐ +1 Hours Sodium Chloride 0.9% Flush
10 mL, Injection, IV Push, prn, PRN Cath Clearance, Routine
Comments: peripheral or central line per nursing policy

Laboratory
☐ PT/INR

☐ PTT

☐ Fibrinogen Level

☐ CBC

☐ +360 Minutes PT/INR

☐ +360 Minutes PTT

☐ +360 Minutes Fibrinogen Level

☐ +360 Minutes Hematocrit & Hemoglobin

☐ +360 Minutes Platelet Count

Diagnostic Tests
☐ Chest 1 View

T;N, Stat, Portable

Consults/Notifications/Referrals
☒ Notify Resident-Continuing
Notify: Interventional Radiologist, Notify For: Notify STAT if drop in HCT more than 3 points as compared to last results

☒ Notify Resident-Continuing
Notify: Interventional Radiologist, Notify For: Notify STAT if Fibrinogen is less than 150mg/mL

☒ Notify Resident-Continuing
Notify: Interventional Radiologist, Notify For: Notify STAT of bleeding or movement of catheter

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
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SUB - This component is a sub phase, see separate sheet
R-Required order