

# Physician Orders

## LEB ED Procedural Sedation Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Initial Orders</b>		
<input checked="" type="checkbox"/>	Vital signs	T;N, Stat Monitor and Record T,P,R,BP, per routine
<input checked="" type="checkbox"/>	NPO	T;N
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Conscious Sedation ED
<input checked="" type="checkbox"/>	IV Insert/Site Care LEB	T;N, q2h
<input checked="" type="checkbox"/>	O2 Sat Monitoring NSG	T;N, STAT
<input checked="" type="checkbox"/>	Cardiopulmonary Monitor	T;N, STAT, monitor type: CP monitor
<input checked="" type="checkbox"/>	Suction Set Up	T;N, to bedside in ED
<b>Patient Care</b>		
<input type="checkbox"/>	Lumbar Puncture Setup To Bedside	T;N, Lumbar Puncture Pediatric Setup to bedside in ED
<input type="checkbox"/>	Lumbar Puncture Setup To Bedside	T;N, Lumbar Puncture Adult Setup to bedside in ED
<input type="checkbox"/>	Request Supply to Bedside	T;N, I and D Tray Setup to bedside in ED
<input type="checkbox"/>	Request Supply to Bedside	T;N, Splinting Equipment to bedside in ED
<input type="checkbox"/>	Request Supply to Bedside	T;N, Suture Tray Setup to bedside in ED
<b>Respiratory Care</b>		
<input type="checkbox"/>	End Tidal CO2	T;N, _____
<input type="checkbox"/>	Oxygen Delivery	T;N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	20 mL/kg, IV,once, (Infuse over 15 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	10 mL/kg, IV,once, (Infuse over 15 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	10 mL/kg, IV,once, (Infuse over 30 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	20 mL/kg, IV,once, (Infuse over 30 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,STAT,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,STAT,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,STAT,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,STAT,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,STAT,T:N, at _____ mL/hr
<b>Medications</b>		
<input type="checkbox"/>	fentaNYL	_____ mg(1mcg/kg),Ped Injectable,IV Push,once,STAT,Slow IV Push
<input type="checkbox"/>	midazolam	_____ mg (0.05mg/kg),Ped Injectable, IV,once,STAT,Max total dose = 6 mg
<input type="checkbox"/>	propofol (Propofol Bolus (Pediatric))	_____ mg(1mg/kg),Injection,IV Push,q5min PRN sedation,STAT
<input type="checkbox"/>	Propofol Drip (Pediatric)	100ml, IV, Routine, Reference Range: 1 to 9 mg/kg/hr
<input type="checkbox"/>	etomidate	_____ mg(0.1mg/kg),Injection,IV Push,q5min PRN sedation,STAT
<input type="checkbox"/>	naloxone	_____ mg(0.1mg/kg), Ped Injectable,IV Push,once,STAT,opioid reversal, Max dose = 2 mg
<input type="checkbox"/>	flumazenil	_____ mg(0.01mg/kg),Injection,IV Push,once,STAT,Max dose = 0.2 mg, Max Cumulative dose = 1 mg



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Care Set: LEB ED Procedural Sedation Plan

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Medications continued	
<input type="checkbox"/>	atropine _____mg(0.02mg/kg),IV Push,once,STAT,Minimum dose = 0.1mg
<input type="checkbox"/>	ketamine _____mg(1mg/kg),Ped Injectable,IV Push,once,STAT
<input type="checkbox"/>	ketamine _____mg(4mg/kg),Ped Injectable,IM,once,STAT,
<input type="checkbox"/>	ketamine _____mg(1mg/kg),Ped Injectable,IV Push,q5min PRN sedation,STAT,

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**Date**                      **Time**                      **Physician's Signature**                      **MD Number**