**Physician Orders**

**LEB TCU Admit Plan**

**Height:** ___________ cm  **Weight:** ___________ kg

**Allergies:** [ ] No known allergies

### Admission/Transfer/Discharge

- [ ] Admit Patient to Dr.
- [ ] **Admit Status:** [ ] Inpatient  [ ] Routine Post Procedure <24hrs  [ ] 23 hour OBS
- [ ] **Bed Type:** [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location:
- [ ] Admit Patient T;N, Bed Type: Critical Care, Admit to Unit: TCU
- [ ] Transfer Patient T;N
- [ ] Notify Physician-Once T;N, Of room number on arrival to unit.

**Primary Diagnosis:**

**Secondary Diagnosis:**

### Vital Signs

- [ ] Vital Signs T;N, Monitor and Record T,P,R,BP, q4h(std)
- [ ] Vital Signs T;N, Monitor and Record T,P,R,BP

### Activity

- [ ] Bedrest T;N
- [ ] Out Of Bed (Activity As Tolerated) T;N, With Assistance

### Food/Nutrition

- [ ] NPO Start at: T;N
- [ ] Breastmilk (Expressed) T;N
- [ ] Formula Per Home Routine T;N
- [ ] Formula Orders _______________________________
- [ ] Regular Pediatric Diet Start at: T;N
- [ ] Clear Liquid Diet 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, Type:
- [ ] **Strict I/O** T;N, Routine, intake q1h, output q2h
- [ ] Daily Weights T;N, Routine, QDay
- [ ] Weight T;N, Routine, per TCU protocol
- [ ] Measure Circumference T;N, Of: Head, measure on admission (for ages <1 and as indicated)
- [ ] Measure Circumference T;N, Of: Abdominal Girth
- [ ] Elevate Head Of Bed T;N, 30 degrees
- [ ] Elevate T;N, Area: Affected Extremity
- [ ] O2 Sat Monitoring NSG T;N, q4h(std)
- [ ] Cardiopulmonary Monitor T;N Routine, Monitor Type: CP Monitor
- [ ] Suction Patient T;N, PRN, airway clearance
- [ ] **Gastrostomy Tube Care** T;N, G Tube, use for meds and feedings
- [ ] **Gastrostomy Tube Care** T;N, Suction Strength: To Gravity, G Tube
- [ ] **NGT** T;N, NG Tube Type: Flexible, Use for meds and feedings
- [ ] **Replogle (NGT)** T;N, NG Tube Type: Rigid, Suction Strength: Low Intermittent
- [ ] **Replogle (NGT)** T;N, NG Tube Type: Rigid, Suction Strength: To Gravity
- [ ] **Replogle (OGT)** T;N, OG Tube Type: Rigid, to gravity
- [ ] **Replogle (OGT)** T;N, OG Tube Type: Rigid, Low intermittent wall suction
- [ ] Foley Insert T;N, Suction Strength: To Gravity, Drainage
### Physician Orders
**LEB TCU Admit Plan**

**T**= Today; **N** = Now (date and time ordered)

#### Respiratory Care

- [ ] LEB Critical Care Respiratory Plan  see separate sheet
- [ ] Initiate Pediatric Respiratory Treatment  T;N Protocol

#### Continuous Infusions

- [ ] Sodium Chloride 0.9% ( Sodium Chloride 0.9% Bolus )  
  _____ mL/kg, injection, IV, once, (Infuse over: 15 min), STAT, T;N,(Bolus)
- [ ] D5 1/2NS  1000mL,IV,Routine,T;N, at _____ mL/hr
- [ ] D5 1/4NS  1000mL,IV,Routine,T;N, at _____ mL/hr
- [ ] D5 1/2 NS KCl 20 mEq/L  1000mL,IV,Routine,T;N, at _____ mL/hr
- [ ] D5 1/4 NS KCl 20 mEq/L  1000mL,IV,Routine,T;N, at _____ mL/hr
- [ ] D10W  1000mL,IV,Routine,T;N, at _____ mL/hr

#### Medications

- [ ] Heparin 10 unit/mL flush  
  5 mL (10units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
- [ ] acetaminophen  
  mg(15 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90/kg/day up to 4 g/day
- [ ] acetaminophen  
  mg(15 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N,Max Dose=90mg/kg/day up to 4 g/day
- [ ] acetaminophen  
  80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
- [ ] acetaminophen  
  325mg, tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
- [ ] ranitidine  
  mg, (2 mg/kg), Syrup, PO, bid, Routine, T;N, Max dose = 300 mg/day
- [ ] chloral hydrate  
  _____ mg, (50 mg/kg), Syrup, PO, q6h, Routine, T;N, Max total dose = 2 grams/day

#### Anti-infectives

- [ ] LEB Anti-Infective Orders  see separate sheet

#### Laboratory

- [ ] LEB Transfusion- 4 Months of Age or Greater Plan  see separate sheet
- [ ] LEB Transfusion- Neonate Less than 4 Months of Age Plan  see separate sheet
- [ ] CBC  STAT, T;N, once, Type: Blood
- [ ] Basic Metabolic Panel ( BMP )  STAT, T;N, once, Type: Blood
- [ ] Comprehensive Metabolic Panel ( CMP )  STAT, T;N, once, Type: Blood
- [ ] C-Reactive Protein ( CRP )  STAT, T;N, once, Type: Blood
- [ ] Prothrombin Time ( PT/INR )  STAT, T;N, once, Type: Blood
- [ ] Partial Thromboplastin Time ( PTT )  STAT, T;N, once, Type: Blood
- [ ] Fibrinogen Level  STAT, T;N, once, Type: Blood
- [ ] Triglyceride  STAT, T;N, once, Type: Blood
- [ ] Blood Culture  STAT, T;N, once, Specimen Source: Peripheral Blood
- [ ] Blood Culture  T;N, STAT, blood,once, Specimen Source: 
- [ ] Urinalysis w/Reflex Microscopic Exam  STAT, T;N, once, Type: Urine, Nurse Collect
- [ ] Urine Culture ( Urine C&S )  STAT, T;N, Specimen Source: Urine, Nurse Collect
**Physician Orders**

**LEB TCU Admit Plan**

**Laboratory continued**

<table>
<thead>
<tr>
<th>Test</th>
<th>STAT, T;N, Specimen Source</th>
<th>Type</th>
<th>Time Collect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Culture and Gram Stain</td>
<td>STAT, T;N, Specimen Source: Aspirate Trachea, Nurse Collect</td>
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<tr>
<td>Influenza A/B Antigen (Influenza A&amp;B Screen)</td>
<td>STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect</td>
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<tr>
<td>RSV Antigen Screen</td>
<td>STAT, T;N, once, Type: NP, Nurse Collect</td>
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<tr>
<td>Respiratory Culture, Viral</td>
<td>STAT, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect</td>
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**Diagnostic Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>T;N, STAT, Reason</th>
<th>Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest 1VW Frontal</td>
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<td>Portable</td>
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<tr>
<td>Abd Sing AP VW (KUB)</td>
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<td>Portable</td>
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**Consults/Notifications**

<table>
<thead>
<tr>
<th>Notification Type</th>
<th>T;N, Reason</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Physician For Vital Signs Of</td>
<td>BP Systolic &lt; _____, BP diastolic &lt; _____, mean BP &lt; _____, Celsius Temp &lt; _____, Celsius Temp &gt; _____, HR &gt; _____, HR &lt; _____, Resp Rate &gt; _____, Resp Rate &lt; _____, O2 Sat &lt; _____, UOP &lt; _____, Glucose &gt; _____, Glucose &lt; _____, ICP &gt; _____</td>
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</tr>
<tr>
<td>Notify Physician-Continuing</td>
<td>Mental status changes, Increased Oxygen requirements, O2 sats less than _____</td>
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<tr>
<td>Notify Physician-Once</td>
<td></td>
<td></td>
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<tr>
<td>Notify Nurse Practitioner For Vital Signs Of</td>
<td>BP Systolic &lt; _____, BP diastolic &lt; _____, mean BP &lt; _____, Celsius Temp &lt; _____, Celsius Temp &gt; _____, HR &gt; _____, HR &lt; _____, Resp Rate &gt; _____, Resp Rate &lt; _____, O2 Sat &lt; _____, UOP &lt; _____, Glucose &gt; _____, Glucose &lt; _____, ICP &gt; _____</td>
<td></td>
</tr>
<tr>
<td>Notify Nurse Practitioner-Continuing</td>
<td>Mental status changes, Increased Oxygen requirements, O2 sats less than _____</td>
<td></td>
</tr>
<tr>
<td>Consult MD Group</td>
<td>Consult Who:</td>
<td>Reason:</td>
</tr>
<tr>
<td>Consult MD</td>
<td>Consult Who:</td>
<td>Reason:</td>
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<tr>
<td>Dietitian Consult</td>
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<td>Lactation Consult</td>
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<td>Consult Child Life</td>
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<tr>
<td>Medical Social Work Consult</td>
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<td>Physical Therapy Ped Eval &amp; Tx</td>
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<td>Occupational Therapy Ped Eval &amp; Tx</td>
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<td>Speech Therapy Ped Eval &amp; Tx</td>
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<td>Audiology Consult</td>
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<td>Consult Pastoral Care</td>
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<tr>
<td>LCAP Consult</td>
<td>Reason:</td>
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</table>

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

40712 PP TICU Admit-QM0209