LEB ED Children’s Intestinal Rehab Center LeBonheur (CIRCLE) Fever Plan

LEB ED CIRCLe Fever Phase
Non Categorized
Criteria: Patient goes to CIRCLe clinic, has a central line and fever greater than 100.4. (NOTE)*
☑️ Powerplan Open
☑️ Notify Physician-Once
   Notify: On Call GI Physician, Notify For: Upon arrival to ED

Vital Signs
☑️ Vital Signs
   Monitor and Record T,P,R,BP, q30min

Patient Care
☑️ Central Line May Use
   Routine, May use Central Line for: No Limits
☑️ Bedside Glucose Nsg
☑️ Cardiopulmonary Monitor
   T:N, Monitor Type: CP Monitor, Special Instructions: q12h

Nursing Communication
☑️ Nursing Communication
   Discontinue home TPN on arrival.
☑️ Nursing Communication
   Consult MD for D10 1/2NS fluid rate.

Respiratory Care
☑️ O2 Sat-Continuous Monitoring (RT)
   now

Continuous Infusion
☐ D10 NS (Pediatric) (IVS)*
   Dextrose 10% in Water
   1,000 mL, IV, STAT
   Comments: Consult MD for Fluid rate.
   sodium chloride 154 mEq

Medications
☑️ Acetaminophen
   15 mg/kg, Liq, PO, q6h, PRN Fever, STAT, Max single dose = 650 mg
☑️ CefTAZidime
   50 mg/kg, Ped Injectable, Central IV, once, STAT, Max single dose = 2,000 mg
   Comments: To Be Infused First
☑️ Vancomycin
   15 mg/kg, Injection, Central IV, once, STAT, (infuse over 1 hr)

Laboratory
☑️ CBC with Diff
   STAT, T:N, once, Type: Blood
☑️ CMP
   STAT, T:N, once, Type: Blood
☑️ Blood Culture Pediatric Plan(SUB)*

LEB ED CIRCLe Fever PHASE 2 - MD ONLY
Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
   20 mL/kg, Injection, IV, once, STAT, Max dose = 1 liter

Medications
☐ +1 Hours Linezolid
   10 mg/kg, Ped Injectable, Central IV, once, STAT, Max single dose = 600 mg
   Place order below instead of ceftazidime if shock or has had Enterobacter, Serratia, Citrobacter, Morganella or another ceftazidime resistant line sepsis in the previous year: (NOTE)*
LEB ED Children's Intestinal Rehab Center LeBonheur (CIRCLE) Fever Plan

☐ meropenem
   20 mg/kg, Ped Injectable, Central IV, once, STAT, Max single dose = 1,000 mg
   Comments: To Be Infused First

☐ +1 Hours micafungin
   2 mg/kg, Ped Injectable, Central IV, once, STAT, (infuse over 1 hr), Max single dose = 100mg

Laboratory
Please order below for abdominal symptoms: *(NOTE)*

☐ Amylase Level
   STAT, T;N, once, Type: Blood

☐ Amylase Level LeBonheur Germantown
   STAT, T;N, once, Type: Blood

☐ Lipase Level
   STAT, T;N, once, Type: Blood

☐ Lipase Level LeBonheur Germantown
   STAT, T;N, once, Type: Blood

Place orders below for symptoms of shock: *(NOTE)*

☐ Cortisol Level
   STAT, T;N, once, Type: Blood

☐ PT/INR
   STAT, T;N, once, Type: Blood

☐ PTT
   STAT, T;N, once, Type: Blood

Strong consideration should be given to ordering a Cath UA and Culture on all infants less than 12 months old with no readily identifiable cause for their fever. *(NOTE)*

☐ Urine Culture
   STAT, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect

☐ Urinalysis w/Reflex Microscopic Exam
   STAT, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests
☐ Chest 1 \WV
   T;N, Reason For Exam Respiratory Symptoms, Stat, Portable

☐ Chest 2 Views
   T;N, Reason For Exam Respiratory Symptoms, Stat, Portable

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