



# Physician Orders

## LEB PICU Pediatric Sepsis Admit Plan

PEDIATRIC

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

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<input type="checkbox"/>	<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS	
<input type="checkbox"/>	<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Admit Patient	T;N, Bed Type: Critical Care, Admit to Unit: PICU
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h, or as condition indicates
<input type="checkbox"/>	Arterial Blood Pressure Monitoring	T;N, transduce for continuous monitoring
<input type="checkbox"/>	CVP Monitoring	T;N, transduce for continuous monitoring
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed ( Activity As Tolerated )	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastmilk (Expressed)	T;N, mL
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Formula Orders	_____
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated
<input type="checkbox"/>	Isolation Precautions	T;N, Type: _____
<input type="checkbox"/>	Strict I/O	T;N, Routine, intake q1h, output q2h or as condition indicates
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q2h(std)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	Foley Insert	T;N, Suction Strength: To Gravity
<input type="checkbox"/>	Heat Apply	T;N, Apply to: _____
<input type="checkbox"/>	Cold Apply	T;N, Apply to: _____
<input type="checkbox"/>	Bedside Glucose Nsg	T;N, Frequency: _____
<input type="checkbox"/>	Measure Circumference	T;N, Of: Head, measure on admission (for ages <1 and as indicated)
<input type="checkbox"/>	Measure Circumference	T;N, Of: Abdominal Girth
<input type="checkbox"/>	Intra-Abdominal Pressure Monitoring	T;N, Frequency: _____
<input type="checkbox"/>	SCD Apply	T;N, Apply To Lower Extremities
<input type="checkbox"/>	TED Hose Apply-Peds	T;N, Routine, Knee High TED hose. Remove daily, assess skin, then replace TED hose
<input type="checkbox"/>	TED Hose Apply-Peds	T;N, Routine, Thigh High TED hose. Remove daily, assess skin, then replace TED hose



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Patient Care continued		
<input type="checkbox"/>	Restraint (Protective) MD Order	T;N, Site: _____, For 24 hr, Comment: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.
<input type="checkbox"/>	NIRS Monitor	T;N
<input type="checkbox"/>	Bispectral Index Monitoring	T;N
Respiratory Care		
<input type="checkbox"/>	<b>LEB Critical Care Respiratory Plan</b>	<b>see separate sheet</b>
<input type="checkbox"/>	Initiate Pediatric Respiratory Treatment Protocol	T;N
<input type="checkbox"/>	Oxygen Delivery	T;N, ___ L/min, Special Instructions: Titrate to keep O2 sat at 85% to 93%
Continuous Infusions		
<input type="checkbox"/>	albumin, human 5% bolus	_____ mL/kg, injection, IV, once, STAT, T;N, Infuse over: 30 min, (Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Intra-ARTERIAL, ___ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Central, ___ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2NS	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4NS	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	Sodium Chloride 3%	500mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	Heparin drip (pediatric)	_____ units/kg/hr, Injection, IV, Routine, T;N, Reference Range: 10 to 28 unit/kg/hr
Vasoactive Medications		
<input type="checkbox"/>	DOPamine drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	DOBUTamine drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min
<input type="checkbox"/>	norepinephrine drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min
<input type="checkbox"/>	vasopressin drip (pediatric)	_____ milli-units/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.2 to 0.5 milli-units/kg/min
<input type="checkbox"/>	milrinone drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.25 to 0.75 mcg/kg/min, Dose must be adjusted for renal dysfunction
<input type="checkbox"/>	NiCARdipine drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 1 to 3 mcg/kg/min
<input type="checkbox"/>	labetalol drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.25 to 1 mg/kg/hr
<input type="checkbox"/>	nitroPRUSSIDE drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 5 mcg/kg/min
<input type="checkbox"/>	esmolol drip (Pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 50 to 250 mcg/kg/min
<input type="checkbox"/>	nitroglycerin drip (Pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/min

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Sedatives		
[ ]	midazolam drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
[ ]	morPHINE drip (Pediatric)	_____mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 20 to 100 mcg/kg/hr
[ ]	fentaNYL drip (pediatric)	_____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/hr
[ ]	propofol drip (Pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 4 mg/kg/hr
Paralytics		
[ ]	vecuronium drip (Pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
[ ]	pancuronium drip (Pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
Insulin		
[ ]	insulin drip (pediatric)	_____units/kg/hr, Injection, IV, Routine, T;N, Titrate Instructions: initiate at 0.05
Replacement Fluids		
[ ]	Sodium Chloride 0.9%	1000mL,IV,routine, replacement fluids,T:N, Replace _____mL:_____mL, q_____h
[ ]	Lactated Ringers	1000mL,IV,routine, replacement fluids, T:N, Replace _____mL:_____mL, q_____h over _____ hours
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(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 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
[ ]	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN nausea/vomiting,routine,T;N, Max dose = 4mg
[ ]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN nausea/vomiting, routine,T;N
[ ]	ondansetron	_____mg(0.1 mg/kg),injection,IV,q8h,PRN nausea/vomiting, routine,T;N, Max dose= 4mg
[ ]	heparin	_____ units, (75 units/kg), Injection, IV, once,(Infuse over 10 min), Routine, T;N
[ ]	enoxaparin	_____mg,(0.5mg/kg), Injection, subcutaneous, q12h, Routine,T;N, Prophylaxis dose, May use subcutaneous catheter
[ ]	ranitidine	_____mg, (1 mg/kg), Injection, IV, q8h, Routine, T;N, Max dose = 150 mg/day
[ ]	pantoprazole	_____mg(1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg/day

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Electrolytes	
<input type="checkbox"/>	calcium chloride _____ mg,(10 mg/kg), injection, IV, once, STAT,T;N, Max dose= 1 gram
<input type="checkbox"/>	magnesium sulfate _____ mg/kg, injection, IV,once, STAT,T;N, Reference Range: 25 to 75 mg/kg, Max pediatric dose= 2 grams
<input type="checkbox"/>	sodium bicarbonate _____ mEq,(1 mEq/kg), injection, IV, once, STAT,T;N
<input type="checkbox"/>	tromethamine (THAM) _____ mL/kg,(3 mL/kg), injection, IV, once, STAT,T;N
<b>NOTE: consider calcium gluconate if no central line</b>	
<input type="checkbox"/>	calcium gluconate _____ mg,(100 mg/kg), injection, IV, once, STAT,T;N
Sedatives	
<input type="checkbox"/>	chloral hydrate _____ mg, (25 mg/kg), Syrup, q6h, PRN Sedation, Routine, T;N
Anti-infectives	
<input type="checkbox"/>	<b>LEB Anti-Infective Orders</b> see separate sheet
Laboratory	
<input type="checkbox"/>	<b>LEB Transfusion- 4 Months of Age or Greater Plan</b> see separate sheet
<input type="checkbox"/>	<b>LEB Transfusion- Less than 4 Months of Age Plan</b> see separate sheet
<input type="checkbox"/>	CBC STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel ( BMP ) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel ( CMP ) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein ( CRP ) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time ( PT/INR ) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time ( PTT ) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	D-Dimer Quantitative STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fibrinogen Level STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Triglyceride STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Ammonia Level STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Influenza A/B Antigen ( Influenza A&B Screen ) STAT, T;N, Type: Nasopharyngeal(N-P), Nurse Collect
<input type="checkbox"/>	RSV Antigen Screen STAT, T;N, once, Type: NP, Nurse Collect
<input type="checkbox"/>	Respiratory Culture, Viral Routine, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain STAT, T;N, Specimen Source: Respiratory Trachea, Nurse Collect
<input type="checkbox"/>	Blood Culture, Viral ( Culture, Viral Blood ) Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture T;N, STAT, blood,once, Specimen Source: central line
<input type="checkbox"/>	Blood Culture T;N+5, STAT, blood,once, Specimen Source: peripheral blood
<input type="checkbox"/>	Chlamydia pneumoniae PCR T;N, routine, sputum, once
<input type="checkbox"/>	Chlamydia Culture Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic
<input type="checkbox"/>	GC Culture Routine, T;N, once, Specimen Source: Drainage Eye, symptomatic
<input type="checkbox"/>	Herpes Simplex Culture Viral ( HSV Culture Viral ) T;N routine, conjunctiva, symptomatic eye, once
<input type="checkbox"/>	Herpes Simplex Culture Viral ( HSV Culture Viral ) Routine, T;N, once, Specimen Source: Nasopharyngeal(N-P) Nasopharynx
<input type="checkbox"/>	HSV Antigen, DFA Routine, T;N, once, Type: Lesion, Nurse Collect

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Laboratory continued		
<input type="checkbox"/>	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Virus CSF by PCR ( HSV CSF by PCR )	Routine, T;N, once, Type: CSF, Nurse Collect
<input type="checkbox"/>	Varicella Zoster Antigen DFA	Routine, T;N, once, Type: Slide, Nurse Collect
<input type="checkbox"/>	Varicella Zoster Culture Viral ( Culture, Viral Varicella Zoster )	T;N, routine, souce:_____, body site: _____, once, nurse collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Stool Culture, Viral ( Stool Viral Culture )	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	CSF Profile	T;N, STAT, Specimen Type: CSF,once, Tube # __3__, nurse collect
<input type="checkbox"/>	CSF Culture and Gram Stain	T;N, STAT, Specimen Source:Cerebral Spinal Fluid(CSF), Tube #__1__, nurse collect
<input type="checkbox"/>	Glucose CSF	T;N, STAT, Specimen Type CSF,once, Tube # __2__, nurse collect
<input type="checkbox"/>	Protein CSF	T;N, STAT, Specimen Type CSF,once, Tube # __2__, nurse collect
<input type="checkbox"/>	Enterovirus by RT-PCR CSF	T;N routine, CSF, once, Tube # __4__, nurse collect
<input type="checkbox"/>	CSF Culture, Viral	T;N, routine, CSF, nurse collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Reason: _____ Transport:Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, For: BP Systolic < _____, BP diastolic < _____, mean BP < _____, Celsius Temp < _____, Celsius Temp > _____, HR > _____,HR < _____, Resp Rate > _____, Resp Rate < _____, O2 Sat < _____, UOP < _____, Glucose > _____, Glucose < _____, ICP > _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____,Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____,Reason: _____
<input type="checkbox"/>	Consult PICC Nurse	T;N, stat, Reason: Insert PICC
<input type="checkbox"/>	Nutritional Support Team Consult	T;N, routine, Reason: Total Parenteral Nutrition
<input type="checkbox"/>	Dietitian Consult	T;N, Type: _____
<input type="checkbox"/>	Lactation Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: _____
<input type="checkbox"/>	Audiology Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason: _____
<input type="checkbox"/>	LCAP Consult	T;N, Reason: _____

Date

Time

Physician's Signature

MD Number