Physician Orders PEDIATRIC: LEB UROL Kidney Stone Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: LEB UROL Kidney Stone Phase, When to Initiate: ___________________________

LEB UROL Kidney Stone Phase
Admission/Transfer/Discharge
☑ Patient Status Initial Outpatient
  T,N Attending Physician: _______________________________________________________
  Reason for Visit: _____________________________________________________________
  Bed Type: _________________________________________________________________
  Specific Unit: _______________________________________________________________
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

Vital Signs
☐ Vital Signs
  Monitor and Record T,P,R,BP, post op, then q4h

Activity
☐ Bedrest
  Routine
☐ Activity As Tolerated
  Up Ad Lib
☐ Out Of Bed
  tid

Food/Nutrition
☐ NPO
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
☐ Clear Liquid Diet
  Start at: T,N

Patient Care
☐ Advance Diet As Tolerated
  Start clear liquids and advance to regular diet as tolerated.
☐ Intake and Output
  Routine, q2h(std)
☐ Foley Care
  to gravity

Continuous Infusion
☐ D5 1/2NS
  1,000 mL, IV, Routine, mL/hr
☐ D5 1/4 NS
  1,000 mL, IV, Routine, mL/hr
☐ Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr
☐ 1/2NS
  1,000 mL, IV, Routine, mL/hr

Medications
☐ +1 Hours diphenhydrAMINE
  1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max 50mg, (5mL = 12.5mg)
☐ +1 Hours diphenhydrAMINE
  1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose 50 mg
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**+1 Hours** B & O Supprettes 15-A
- 0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)*
- 0.33 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- 0.5 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- 1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine

**+1 Hours** hyoscyamine elixir
- 31.25 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (1.25 mL = 31.25 mcg) (DEF)*
- 62.5 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (2.5 mL = 62.5 mcg)

**+1 Hours** hyoscyamine
- 0.125 mg, Tab, PO, q4h, PRN Bladder Spasm, Routine

**+1 Hours** oxybutynin
- 0.2 mg/kg, Susp, PO, tid, Bladder Spasm, Routine, 1 to 5 years (DEF)*
- 0.2 mg/kg, Tab, PO, tid, Bladder Spasm, Routine, 1 to 5 years

**+1 Hours** oxybutynin extended release
- 5 mg, ER Tablet, PO, QDay, Routine, greater than or equal to 6 years

**+1 Hours** furosemide
- 1 mg/kg, Tab, PO, q6h, Routine

**+1 Hours** furosemide
- 1 mg/kg, Ped Injectable, IV Push, q6h, Routine

**+1 Hours** Flomax
- 0.2 mg, Cap, PO, hs, Routine

### Anti-infectives

**+1 Hours** cefTRIAXone
- 50 mg/kg, IV Piggyback, q24h, Routine, (for 14 day ), Max dose = 2 grams

**+1 Hours** nitrofurantoin
- 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day ), Max dose = 100 mg/day, UTI Prophylaxis (DEF)*
- 50 mg, Cap, PO, QDay, Routine, (for 14 day ), UTI Prophylaxis
- 100 mg, Cap, PO, QDay, Routine, (for 14 day ), UTI Prophylaxis

**+1 Hours** sulfamethoxazole-trimethoprim susp
- 2 mg/kg, Susp, PO, q24h, Routine, (for 14 day ), UTI Prophylaxis, dosed as mg of TMP (DEF)*
- 2 mg/kg, Susp, PO, q24h, Routine, (for 14 day ), UTI Prophylaxis, dosed as mg of TMP

### Analgesics

**+1 Hours** acetaminophen
- 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
- 80 mg, Chew tab, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day
- 325 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day

**+1 Hours** acetaminophen
- 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day

**+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
- 0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg

**+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
- 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), (1 tab = 5 mg

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HYDROcodone, Max dose = 10 mg

- +1 Hours morphine
  - 0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day ), Max initial dose = 2mg

Antiemetics
- +1 Hours ondansetron
  - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4 mg (DEF)*
  - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

- +1 Hours ondansetron
  - 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

Laboratory
- CBC
  - T;N, Routine, once, Type: Blood
- BMP
  - T;N, Routine, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine
- Urine Culture
  - Routine, T;N, Specimen Source: Urine

Diagnostic Tests
- Abdomen 1 View
  - T;N, Routine, Wheelchair
- LEB CT Stone Plan(SUB)*
- US Retropertoneal B Scan/Real Time Comp
  - T;N, Routine, Wheelchair

Consults/Notifications/Referrals
- Notify Physician-Once
  - Notify For: of room number on arrival to unit
- Notify Physician-Continuing
  - Notify: Urology on call for questions
- Notify Physician For Vital Signs Of
- Consult MD Group
- Consult MD
- Urodynamics Teaching Consult LEB
  - Topic: Clean Intermittent Catheterization

__________________________________________  ____________________________________________  __________
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