



Physician Orders PEDIATRIC: LEB General Medicine Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase  
*Phase: LEB Gen Med Admit Phase, When to Initiate: \_\_\_\_\_*

LEB General Medicine Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient  
*T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more*
- Notify Physician-Once  
*Notify For: Of room number on arrival to unit.*

Vital Signs

- Vital Signs
  - Monitor and Record T,P,R,BP (DEF)\*
  - Monitor and Record T,P,R,BP, q4h(std)

Activity

- Activity As Tolerated  
*Up As Tolerated*

Food/Nutrition

- NPO
- Breastfeed
- LEB Formula Orders Plan(SUB)\*
- Regular Pediatric Diet

Patient Care

- Advance Diet As Tolerated  
*start clear liquids and advance to regular diet as tolerated*
- Isolation Precautions
  - Isolation Type: Droplet Precautions (DEF)\*
  - Isolation Type: Contact Precautions
  - Isolation Type: Droplet Precautions Isolation Type: Contact Precautions
- Intake and Output  
*Routine, q2h(std)*
- Daily Weights  
*Routine, qEve*
- O2 Sat Spot Check-NSG  
*T;N, with vital signs*





**Physician Orders PEDIATRIC: LEB General Medicine Admit Plan**

- O2 Sat Monitoring NSG
- Cardiopulmonary Monitor  
*T;N Routine, Monitor Type: CP Monitor*

**Respiratory Care**

- Oxygen Delivery  
*Special Instructions: Titrate to keep O2 sat  $\geq$  92%. Wean to room air*

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus  
*mL, Injection, IV, once, STAT, ( infuse over 15 min )*
- D5 1/2NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/2 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, mL/hr*

**Medications**

- +1 Hours** acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)\**
  - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day*
  - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose=75 mg/kg/day up to 4 g/day; May give PR if unable to tolerate*
- +1 Hours** acetaminophen  
*10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day*

- LEB Anti-Infective Orders Plan(SUB)\*

**Laboratory**

- CBC  
*T;N, Routine, once, Type: Blood*
- CMP  
*Routine, T;N, once, Type: Blood*
- Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, once, Type: Urine, Nurse Collect*

**Consults/Notifications/Referrals**

- Consult MD Group
- Consult MD





**Physician Orders PEDIATRIC: LEB General Medicine Admit Plan**

- Notify Physician-Continuing  
*Notify For: of uncontrolled fever, increased respiratory distress, persistent vomiting, and no urine output for 8 hours.*

\_\_\_\_\_  
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

