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

Respiratory Care
Oxygen Delivery
Special Instructions: Titrate to keep O2 sat >/= 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

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
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☐ 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