Physician Orders PEDIATRIC: LEB ED Respiratory Sx w/o Hx Asthma Plan

LEB ED Triage Orders Resp Sx wo Asthma
Non Categorized
Criteria: Patients < 18 years of age, with respiratory distress without a known history or diagnosis of asthma. (NOTE)*

Vital Signs
☑ Vital Signs
T;N, Stat Monitor and Record T,P,R,BP, per ED policy

Food/Nutrition
☑ NPO
Start at: T;N

Patient Care
☑ O2 Sat Monitoring NSG
T;N, q2h(std)
☑ Cardiopulmonary Monitor
T;N Stat, Monitor Type: O2 Monitor

Respiratory Care
☑ Oxygen Delivery
T;N, % 40%, Special Instructions: Titrate to keep O2 sat at 92% or greater, Delivery method per RT/RN

LEB ED Respiratory Sx w/o Hx Asthma Ph
Non Categorized
☑ Powerplan Open

Patient Care
☑ Nursing Communication
T;N, deep nasal suction for patients less than one year, PRN for congestion
☑ IV Insert/Site Care LEB
T;N, Stat, q2h(std)

Respiratory Care
☑ ISTAT POC (RT Collect)
T;N Stat once, Test Select Arterial Blood Gas (DEF)*
T;N Stat once, Test Select Venous Blood Gas
T;N Stat once, Test Select BUN (ED Only)

Continuous Infusion
☑ Sodium Chloride 0.9% Bolus
20 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
10 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus)
10 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
20 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
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☐ Sodium Chloride 0.9%
   1,000 mL, IV, STAT, mL/hr
☐ D5 1/2NS
   1,000 mL, IV, STAT, mL/hr
☐ D5 1/4 NS
   1,000 mL, IV, STAT, mL/hr
☐ D5 1/2 NS KCl 20 mEq/L
   1,000 mL, IV, STAT, mL/hr
☐ D5 1/4 NS KCl 20 mEq/L
   1,000 mL, IV, STAT, mL/hr

Medications

Analgesics/antipyretics
☐ acetaminophen
   ☐ 15 mg/kg, Liq, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   ☐ 325 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day
☐ acetaminophen
   ☐ 15 mg/kg, Supp, PR, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   ☐ 325 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day

Respiratory Medications
FOR PATIENTS LESS THAN 20 KG (NOTE)*
☐ albuterol (MDI)
   6 puff, MDI, INH, once, STAT, (90 mcg = 1 puff)
   Comments: administer via spacer/mask
☐ albuterol 0.5% inhalation solution.
   2.5 mg, Inh Soln, NEB, once, STAT, (0.5 mL = 2.5 mg), FOR CONTINUOUS NEBULATION (DEF)*
   5 mg, Inh Soln, NEB, once, STAT, (1 mL = 5 mg), FOR CONTINUOUS NEBULATION
☐ ipratropium
   0.5 mg, Inh Soln, NEB, once, STAT, (2.5 mL = 0.5 mg)
☐ racempneprine 2.25% inhalation solution
   0.25 mL, Inh Soln, NEB, once, STAT
FOR PATIENTS GREATER THAN 20 KG (NOTE)*
☐ albuterol (MDI)
   12 puff, MDI, INH, once, STAT, (90 mcg = 1 puff)
   Comments: administer via spacer/mask
☐ albuterol 0.5% inhalation solution.
   ☐ 5 mg, Inh Soln, NEB, once, STAT, (1 mL = 5 mg), FOR CONTINUOUS NEBULATION (DEF)*
   ☐ 15 mg, Inh Soln, NEB, once, STAT, (3 mL = 15 mg), FOR CONTINUOUS NEBULATION
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☐ ipratropium
   0.5 mg, Inh Soln, NEB, once, STAT, (2.5 mL = 0.5 mg)
☐ racepinephrine 2.25% inhalation solution
   0.25 mL, Inh Soln, NEB, once, STAT

**Antibacterial Agents**

☐ azithromycin
   10 mg/kg, Susp, PO, once, STAT, Max dose = 500 mg
☐ azithromycin
   500 mg, Tab, PO, once, STAT
☐ **+1 Hours** cefTRIAXone
   50 mg/kg, Ped Injectable, IV, once, Routine, Max dose = 2 grams
☐ Zinacef
   50 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1.5 grams
☐ clindamycin
   10 mg/kg, Ped Injectable, IV Piggyback, once, STAT
   Comments: Max single dose: 900 mg
☐ vancomycin
   10 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1 gram

**Laboratory**

☐ BMP
   STAT, T;N, once, Type: Blood
☐ CBC
   STAT, T;N, once, Type: Blood
☐ Blood Culture
   STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
☐ Respiratory Culture and Gram Stain
   STAT, T;N, Specimen Source: Sputum, Nurse Collect
☐ Influenza/RSV Panel PCR
   STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
☐ Influenza A&B Screen w/ Reflex PCR
   STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
☐ RSV Antigen Screen
   STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
☐ Respiratory Culture, Viral
   STAT, T;N, Specimen Source: Sputum, Nurse Collect
   If possibility of pregnancy, place order below:(NOTE)*
☐ Pregnancy Screen Serum
   STAT, T;N, once, Type: Blood

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☐ AFB Culture and Smear
STAT, T;N, Specimen Source: Sputum Lung

☐ Atypical Pneumo by PCR
STAT, T;N

Diagnostic Tests
☐ Chest 1VW Frontal
T;N, Stat, Portable

☐ Chest 2VW Frontal & Lat
T;N, Stat, Stretcher

Consults/Notifications/Referrals
☐ Consult MD Group
T;N, Cardiology

☐ Consult MD Group
T;N, Pulmonology

☐ Consult MD Group
T;N, PICU

☐ Consult MD Group
T;N, Infectious Disease

*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