



Physician Orders PEDIATRIC: LEB ED Sickle Cell Hx w Fever Plan

LEB Standing Order Sickle Cell Hx w Fever

Non Categorized

Criteria: Patients less than 18 years of age with history of hemoglobinopathy and presents with a temperature greater than 38.0c(NOTE)*

Vital Signs

- Vital Signs
T;N, Stat Monitor and Record T,P,R,BP, per routine and PRN for changes in patient's status

Food/Nutrition

- NPO
Start at: T;N

Patient Care

- IV Insert/Site Care LEB
T;N, Stat, q2h(std)
- O2 Sat Spot Check-NSG
T;N, Stat, with vital signs
- Cardiopulmonary Monitor
T;N Stat, Monitor Type: CP Monitor

Respiratory Care

- Oxygen Delivery
T;N, Special Instructions: titrate to keep O2 sat \geq 92%. Wean to room air.

Laboratory

- CBC
STAT, T;N, once, Type: Blood
- CMP
STAT, T;N, once, Type: Blood
- Reticulocyte Count
STAT, T;N, once, Type: Blood
- Blood Culture
STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
- Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
- Urine Culture
STAT, T;N, Specimen Source: Urine, Nurse Collect
- If possibility of pregnancy, place order below:(NOTE)*
- Pregnancy Screen Serum
STAT, T;N, once, Type: Blood

Diagnostic Tests

- Chest 2VW Frontal & Lat
T;N, Reason for Exam: Fever, Stat, Stretcher





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Consults/Notifications/Referrals

- Notify Physician-Once
T;N, Notify: Attending Physician, if unable to establish IV access after 2 attempts
- Notify Physician-Continuing
T;N, Notify: Attending Physician, of any changes in patient's vital signs or condition
- Notify Physician For Vital Signs Of
T;N, Notify: Attending Physician, Celsius Temp > /=40
- Notify Physician For Vital Signs Of
T;N, Notify: Attending Physician, patient is =< 6 months of age with a temp => 38.4 degrees Celsius.

LEB ED Sickle Cell Hx w Fever Phase

Non Categorized

- Powerplan Open

Patient Care

- O2 Sat Monitoring NSG
T;N, Stat

Respiratory Care

- ISTAT POC (RT Collect)
T;N Stat once, Test Select Arterial Blood Gas | Venous Blood Gas

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)
- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- 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

- cefTRIAxone
75 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 2 grams





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- vancomycin
15 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1 gram
- 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, Supp, PR, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day*
- ibuprofen
 - 10 mg/kg, Oral Soln, PO, once, STAT, Max dose = 800 mg (DEF)**
 - 10 mg/kg, Tab, PO, once, STAT, Max dose = 800 mg*
- morphine
0.1 mg/kg, Ped Injectable, IV, once, STAT, Max initial dose = 10 mg
Comments: follow with morphine 0.05 mg/kg, IV, q15-30min until pain controlled
- morphine
0.05 mg/kg, Ped Injectable, IV Push, q15min, PRN Pain, STAT, Max initial dose = 10 mg
- HYDROMORPHONE
0.015 mg/kg, Injection, IV Push, once, STAT, Max initial dose = 0.5 mg
- ketorolac
0.5 mg/kg, Ped Injectable, IV Push, once, STAT, Max Single Dose = 30 mg
- hydroXYzine hydrochloride
1 mg/kg, Injection, IM, q4h, PRN Itching, STAT
- hydroXYzine hydrochloride
0.5 mg/kg, Tab, PO, q6h, PRN Itching, STAT, To be used for itching
- ondansetron
0.1 mg/kg, Ped Injectable, IV Piggyback, q8h, PRN Nausea/Vomiting, STAT, To be used for nausea and vomiting. Max dose = 8 mg
- diphenhydrAMINE
 - 1 mg/kg, Elixir, PO, once, STAT, dose not to exceed 25 mg (DEF)**
 - 25 mg, Cap, PO, once, STAT*
 - 1 mg/kg, Injection, IV Push, once, STAT, dose not to exceed 25mg*

Laboratory

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
If possibility of pregnancy, place order below:(NOTE)*
- Pregnancy Screen Serum
STAT, T;N, Type: Blood





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Diagnostic Tests

- Chest 1VW Frontal
T;N, Reason for Exam: Fever, Stat, Portable

Consults/Notifications/Referrals

- Consult MD
T;N, Hematology

Date	Time	Physician's Signature	MD Number
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***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

