Physician Orders PEDIATRIC: LEB Heart Transplant Pre Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: LEB Heart Transplant Pre Op Phase, When to Initiate:______________________________
☐ Initiate Powerplan Phase
  Phase: Coagulation Correction - Platelets Ph 2, When to Initiate:______________________________
☐ Initiate Powerplan Phase
  Phase: Coagulation Correction - FFP Ph 3, When to Initiate:______________________________

LEB Heart Transplant Pre Op Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T;N Admitting Physician: ____________________________________________
  Reason for Visit: Heart Transplant
  Bed Type: Critical Care Specific Unit: CVICU
  Care Team: Dr. Boston 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, q15min x 2, then q1h

Activity
☐ Out Of Bed
  Up Ad Lib

Food/Nutrition
☐ NPO

Patient Care
☐ Telemetry
  Routine
☐ Intake and Output
  Routine, q2h(std)
☐ Daily Weights
☐ IV Insert/Site Care LEB
  Routine, q2h(std)
☐ PreOp Bath/Shower
  Product To Use: Chlorhexidine(> 2 months age) (DEF)*
  Product To Use: Antibacterial Soap (< 2 months age)

Respiratory Care
☐ Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat >/= 92%
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Continuous Infusion
- D5 1/4 NS
  1,000 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions
- D5 1/2NS
  1,000 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions

Medications
- Vancomycin may be given if patient has allergy to cephalosporins.(NOTE)*
- +1 Hours ceFAZolin
  25 mg/kg, Ped Injectable, IV Piggyback, OnCall, Routine [Less Than 18 year]
  Comments: To be administered 4 hours prior to surgery; Max Dose= 2g
- +1 Hours vancomycin
  15 mg/kg, Ped Injectable, IV Piggyback, OnCall, Routine
  Comments: 4 hours prior to surgery; Max dose = 1g
- +1 Hours methylPREDNISolone
  10 mg/kg, Ped Injectable, IV, OnCall
  Comments: To be administered 4 hours prior to Surgery; Max dose = 250 mg

Laboratory
- CBC
  STAT, T;N, once, Type: Blood
  Comments: If platelets < 75, order Coagulation Correction - Platelets Phase.
- CMP
- PT/INR
  STAT, T;N, once, Type: Blood
  Comments: If INR greater than or equal to 1.6, order Coagulation Correction - FFP Phase.
- PTT
- Pregnancy Screen Urine
  STAT, T;N, once, Type: Urine, Nurse Collect
  Comments: Order for female patients age 11 years or greater.
- Urinalysis w/Reflex Microscopic Exam
  STAT, T;N, once, Type: Urine, Nurse Collect
- Isohemagglutinins
  Routine, T;N, once, Type: Blood
  Comments: If less than 24 months at the time of listing.
  Order following lab if it has been greater than 14 days since last drawn:(NOTE)*
- PRA Screen Heart Transplant
  STAT, T;N, once, Type: Blood
  Comments: Contact Transplant Coordinator, send out to Mid-South Transplant Foundation.
  Individual orderable Blood Bank requests:(NOTE)*
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**Blood Compatibility Testing**
- Type and Screen <4 months (DAT included)
  - STAT, T;N, Type: Blood
- Type and Crossmatch Pediatric >4 months
  - STAT, T;N, Type: Blood

**Transfusion Orders**
- Hold PRBC >4 Months
  - STAT, T;N, Volume: 4 units, Special Needs: Irradiated | CMV Negative, Leukoreduced | PRBC's must be less than or equal to 5 days old.
- Hold PRBC <4 Months
  - STAT, T;N, Volume: 4 units, Special Needs: Irradiated | CMV Negative, Leukoreduced | PRBC's must be less than or equal to 5 days old.
- Transfuse Platelets-Pediatric
  - STAT, T;N, Reason: Other (Specify in Special Instructions), Status: to Hold, Volume: 2 units, Irradiated | CMV Negative, Leukoreduced
- Transfuse FFP-Pediatric
  - STAT, T;N, Reason: Other (Specify in Special Instructions), Status: to Hold, Volume: 4 units, Irradiated | CMV Negative, Leukoreduced
- Transfuse Cryoprecipitate-Pediatric
  - STAT, T;N, Status: to Hold, Volume: 2 units, Irradiated | CMV Negative, Leukoreduced
- Transfuse PRBC Pump Case
  - STAT, T;N, Special Needs: Irradiated | CMV Negative, Use same donor blood if available.

**Diagnostic Tests**
- Chest 1 VW
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
- EKG
  - Start at: T;N, Priority: Stat, Reason: Other, specify, Preop, Transport: Bedside
- Echo Pediatric (0-18 years)
  - Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Preop, Transport: Bedside

**Coagulation Correction - Platelets Ph 2**

**Non Categorized**
ORDER IF PLATELETS <75; PATIENTS < 15KG, ORDER 15mL/kg; PATIENTS > 15 kg, ORDER 1 unit.(NOTE)*

**Laboratory**
- Transfuse Platelets-Pediatric
  - STAT, T;N, Reason: Other (Specify in Special Instructions), Status: to Transfuse, Irradiated | CMV Negative, Leukoreduced; Patients < 15 kg, transfuse 15 mL/kg. (DEF)*
  - Comments: Patients less than 15 kg, transfuse 15 mL/kg; Draw platelet count immediately after transfusion.
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☐ STAT, T;N, Reason: Other (Specify in Special Instructions), Status: to Transfuse, Volume: 1 unit, Irradiated | CMV Negative, Leukoreduced; For patients > 15 kg
   Comments: Draw platelet count immediately after transfusion.

☐ Platelet Count
   STAT, T;N, Type: Blood, Collection Comment: Immediately post transfusion

Coagulation Correction - FFP Ph 3
Non Categorized
ORDER IF INR GREATER THAN OR EQUAL TO 1.6; PATIENTS < 15kg, ORDER 15mL/kg; PATIENTS > 15kg, ORDER 1 unit.(NOTE)*

Laboratory
☐ Transfuse FFP-Pediatric
   STAT, T;N, Reason: Rapid Coumadin reversal, Status: to Transfuse, Irradiated | CMV Negative, Leukoreduced; Patients less than 15 kg, transfuse 15 mL/kg. (DEF)*
   Comments: Draw PT/INR immediately after transfusion.
   STAT, T;N, Reason: Rapid Coumadin reversal, Status: to Transfuse, Volume: 1 unit, Irradiated | CMV Negative, Leukoreduced; For patients > 15 kg.
   Comments: Draw PT/INR immediately after transfusion.

☐ PT/INR
   STAT, T;N, Type: Blood, Collection Comment: Immediately post transfusion
   Comments: Draw immediately after transfusion.

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