Physician Orders Pediatric: LEB Nephrology Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: LEB Nephrology Admit Phase, When to Initiate: ________________________________

LEB Nephrology Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient
  T;N Attending Physician: ____________________________________________
  Reason for Visit: ____________________________________________
  Bed Type: ____________________________ Specific Unit: ____________________________
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

☐ Notify Physician-Once
  Notify For: Of room number on arrival to unit.

Vital Signs
☐ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)

☐ Vital Signs
  Monitor and Record T,P,R,BP, q1h(std), During infusion.

Activity
☐ Activity As Tolerated
  Up Ad Lib

Food/Nutrition
☐ NPO
  Start at: T

☐ Breastfeed

☐ LEB Formula Orders Plan(SUB)*

☐ Regular Pediatric Diet

☐ Low Sodium Diet

☐ Low Potassium
  Level: Low

Patient Care
☐ Advance Diet As Tolerated
  Start clear liquids and advance to regular diet as tolerated.

☐ Isolation Precautions

☐ Intake and Output
  Routine, q2h(std)

☐ Daily Weights
  Routine, qam
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☐ O2 Sat Spot Check-NSG
   *T,N, with vital signs.*
☐ O2 Sat Monitoring NSG
☐ Cardiopulmonary Monitor
   *T,N Routine, Monitor Type: CP Monitor*
☐ Instruct/Educate
   *Instruct: patient/family, Method: Demonstrate, Topic: Albustix, Albustix to bedside for education*

Respiratory Care
☐ Oxygen Delivery
   *Special Instructions: Titrate to keep O2 sat /=/> 92%. Wean to room air.*

Continuous Infusion
☐ 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
☐ +1 Hours acetaminophen
   *10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   *80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*
   *325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*
☐ +1 Hours acetaminophen
   *10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*
☐ +1 Hours Albustix
   *1 each, Strip, Test, prn, PRN Other, specify in Comment, Routine, Available for education*
☐ +1 Hours methylPREDNISolone
   *mg/kg, Ped Injectable, IV Piggyback, once, Routine (DEF)*
   *mg/kg, Ped Injectable, IV Piggyback, q6h, Routine*
☐ +1 Hours amLODIPine
   *0.2 mg/kg, Oral Susp, PO, QDay, Routine (DEF)*
   *2.5 mg, Tab, PO, QDay, Routine*
   *5 mg, Tab, PO, QDay, Routine*
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- **+1 Hours** atenolol
  - 0.8 mg/kg, Susp, PO, QDay, Routine (DEF)*
  - 0.8 mg/kg, Tab, PO, QDay, Routine

- **+1 Hours** citric acid-sodium citrate 334 mg-500 mg/5 mL oral solution mL, Oral Soln, PO, achs, Routine

- **+1 Hours** calcitriol
  - 0.25 mcg, Cap, PO, QDay, Routine (DEF)*
  - 0.25 mcg, Oral Susp, PO, QDay, Routine

- **+1 Hours** calcitriol 0.01 mcg/kg, Injection, IV, MWF, Routine

- **+1 Hours** Nephro-Vite Rx oral tablet
  - 1 tab, Tab, PO, QDay, Routine

- **+1 Hours** calcium carbonate
  - 500 mg, Chew tab, PO, wm, Routine (DEF)*
  - 500 mg, Tab, PO, wm, Routine
  - 500 mg, Oral Soln, PO, wm, Routine

- **+1 Hours** captopril
  - 0.1 mg/kg, Oral Susp, PO, q8h, Routine

- **+1 Hours** cloNIDine
  - 5 mcg/kg, Tab, PO, bid, Routine (DEF)*
  - 0.1 mg, Tab, PO, bid, Routine
  - 0.2 mg, Tab, PO, bid, Routine
  - 0.3 mg, Tab, PO, bid, Routine

- **+1 Hours** cloNIDine
  - 0.1 mg, Patch, TOP, QWeek, Routine (DEF)*
  - 0.2 mg, Patch, TOP, QWeek, Routine
  - 0.3 mg, Patch, TOP, QWeek, Routine

- **+1 Hours** SandIMMUNE
  - 5 mg/kg, Oral Soln, PO, bid, Routine (DEF)*
  - 5 mg, Cap, PO, bid, Routine

- **+1 Hours** Neoral
  - 5 mg/kg, Oral Soln, PO, bid, Routine (DEF)*
  - ___mg, Cap, PO, bid, Routine

- **+1 Hours** epoetin alfa
  - 50 units/kg, Injection, IV, MWF, Routine (DEF)*

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- **+1 Hours** fluconazole
  - 6 mg/kg, Oral Susp, PO, QDay, Routine

- **+1 Hours** fluconazole
  - 6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine

- **+1 Hours** furosemide
  - 1 mg/kg, Tab, PO, bid, Routine (DEF)*
  - 1 mg/kg, Oral Susp, PO, bid, Routine

- **+1 Hours** furosemide
  - 1 mg/kg, Ped Injectable, IV Push, q12h, Routine

- **+1 Hours** hydrochlorothiazide
  - 1 mg/kg, Oral Soln, PO, QDay, Routine, Hypertension (DEF)*

- **+1 Hours** lisinopril
  - 0.07 mg/kg, Tab, PO, QDay, Routine (DEF)*

- **+1 Hours** minoxidil
  - 0.1 mg/kg, Tab, PO, QDay, Routine (DEF)*

- **+1 Hours** mycophenolate mofetil
  - 600 mg/m2, Oral Susp, PO, bid, Routine (DEF)*
  - 600 mg/m2, Cap, PO, bid, Routine
  - _____ mg, Cap, PO, bid, Routine

- **+1 Hours** prednisolONE
  - 1 mg/kg, Liq, PO, bid, Routine

- **+1 Hours** prednisONE
  - 1 mg/kg, Tab, PO, bid, Routine, Max Dose = 60 mg/day

- **+1 Hours** propranolol
  - 0.2 mg/kg, Oral Susp, PO, q8h, Routine (DEF)*

- **+1 Hours** ranitidine
  - 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day (DEF)*

- **+1 Hours** sevelamer
  - 400 mg, Tab, PO, wm, Routine (DEF)*
  - 800 mg, Tab, PO, wm, Routine

- **+1 Hours** sirolimus
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- 1 mg/m2, Tab, PO, QDay, Routine (DEF)*
- ____ mg, Tab, PO, QDay, Routine
- 1 mg/m2, Oral Soln, PO, QDay, Routine

+1 Hours sodium bicarbonate
- 650 mg, Tab, PO, qid, Routine
  Comments: (1 tab contains 7.6 mEq of sodium)

+1 Hours tacrolimus
- 0.1 mg/kg, Oral Susp, PO, bid, Routine (DEF)*
  mg, Cap, PO, bid, Routine

+1 Hours valganciclovir
- 15 mg/kg, Tab, PO, QDay, Routine (DEF)*
  mg, Tab, PO, QDay, Routine
- 15 mg/kg, Oral Susp, PO, QDay, Routine

+1 Hours valsartan
- 40 mg, Tab, PO, QDay, Routine (DEF)*
- 80 mg, Tab, PO, QDay, Routine

Laboratory
- CBC  T;N, Routine, once, Type: Blood
- CMP  Routine, T;N, once, Type: Blood
- ESR  Routine, T;N, once, Type: Blood
- PTH  Routine, T;N, once, Type: Blood
- Renin  Routine, T;N, once, Type: Blood
- Aldosterone  Routine, T;N, once, Type: Blood
- Cyclosporine Level  Routine, T;N, once, Type: Blood
- Tacrolimus Level  Routine, T;N, once, Type: Blood
- Sirolimus Level  Routine, T;N, once, Type: Blood
- C3 Complement  Routine, T;N, once, Type: Blood
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☐ C4 Complement  
   Routine, T;N, once, Type: Blood

☐ DNA Antibody Double Stranded  
   Routine, T;N, once, Type: Blood

☐ Pregnancy Screen Serum  
   Routine, T;N, once, Type: Blood

☐ Urinalysis w/Reflex Microscopic Exam  
   Routine, T;N, once, Type: Urine

☐ Protein Urine Random  
   Routine, T;N, once, Type: Urine

☐ 24 hr Urine Creatinine Clearance  
   Routine, T;N, once, Type: Urine

☐ Creatinine Urine Random  
   Routine, T;N, once, Type: Urine

☐ 24 hr Urine Protein  
   Routine, T;N, once, Type: Urine

**Diagnostic Tests**

☐ Chest PA & Lateral  
   T;N, Routine, Wheelchair

☐ Renal Ultrasound  
   T;N, Routine, Wheelchair

☐ Urethrocystogram Voiding  
   T;N, Routine, Wheelchair

**Consults/Notifications/Referrals**

☐ Notify Resident-Continuing

☐ Notify Resident-Once

☐ Consult MD Group

☐ Consult MD

☐ Dietitian Consult/Nutrition Therapy

__________________________________________   ____________________________   ________________________________________   ________________________
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
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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