Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: LEB Brineura Administration Admit Phase, When to Initiate:

LEB Brineura Admit Phase
Admission/Transfer/Discharge
- Patient Status Initial Outpatient
  T,N Attending Physician: ________________________________
  Reason for Visit: ______________________________________
  Bed Type: ________________________________ Specific Unit: DTU
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services
- Patient Status Initial Inpatient
  T,N Admitting Physician: ________________________________
  Reason for Visit: ______________________________________
  Bed Type: PICU (DEF)* Specific Unit: ______________________
  Care Team: ________________________________ Anticipated LOS: 2 midnights or more
  T,N Admitting Physician: ________________________________
  Reason for Visit: ______________________________________
  Bed Type: Critical Care Specific Unit: Neuro ICU
  Care Team: ________________________________ Anticipated LOS: 2 midnights or more
  T,N Admitting Physician: ________________________________
  Reason for Visit: ______________________________________
  Bed Type: Med-Surg Specific Unit: ________________________
  Care Team: ________________________________ Anticipated LOS: 2 midnights or more
- Notify Physician-Once
  Notify For: of patient’s arrival to unit.

Vital Signs
- Vital Signs
  Monitor and Record T,P,R,BP, Pre Brineura Transfusion.
- Vital Signs
  Monitor and Record T,P,R,BP, Record vital signs every 30 minutes X 2 then every hour. Record vital signs post transfusion.

Activity
- Activity As Tolerated
  Up As Tolerated

Food/Nutrition
- Regular Pediatric Diet

Patient Care
- Height
Physician Orders PEDIATRIC: LEB Brineura Administration Admit Plan

Routine, upon arrival to unit

- Weight
  upon arrival to unit
- Cardiopulmonary Monitor
  Monitor Type: CP Monitor, Special Instructions: Continuous
- O2 Sat Continuous Monitoring NSG

Nursing Communication

- Nursing Communication
  Place Shunt tap tray at patient bedside upon patient arrival.

Medications

- cerliponase alfa
  300 mg, Injection, IntraTHecal, N/A, Routine, (infuse over 4 hr), Other. Please see comments for infusion rate.
  Comments: Infused at 2.5 mL/hr for approximately 4 hours via Ommaya reservoir

- electrolyte solution
  2 mL, Injection, IntraTHecal, N/A, Routine, (for 1 dose), Other. Please see comments for infusion rate.
  Comments: Infused via Ommaya reservoir at 2.5 mL/hr post completion of Brineura (NOTE)*

- dexamethasone
  2 mg, Tab, PO, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [Less Than 20 kg]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  4 mg, Tab, PO, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [20 - 39.9 kg]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  8 mg, Tab, PO, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [Greater Than or Equal To 40 kg]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- dexamethasone
  0.1 mg/kg, Injection, IV, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [Less Than 80 kg]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
Physician Orders PEDIATRIC: LEB Brineura Administration Admit Plan

- **8 mg, Injection, IV, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [Greater Than or Equal To 80 kg]**
  
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- **acetaminophen**

  - **15 mg/kg, Liq, PO, N/A [Less Than 22 kg] (DEF)***
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  - **325 mg, Liq, PO, N/A [22 - 32.9 kg]**
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  - **500 mg, Liq, PO, N/A [33 - 43.9 kg]**
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  - **650 mg, Liq, PO, N/A [Greater Than or Equal To 44 kg]**
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- **cetirizine**

  - **2.5 mg, Syrup, PO, N/A [Less Than 6 year] (DEF)***
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  - **5 mg, Syrup, PO [Greater Than or Equal To 6 year]**
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- **diphenhydramine**

  - **6.25 mg, Elixir, PO, N/A [Less Than 2 year] (DEF)***
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

  - **12.5 mg, Elixir, PO [2 - 6 year]**
    
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
Physician Orders PEDIATRIC: LEB Brineura Administration Admit Plan

- 25 mg, Elixir, PO, N/A [6 - 12 year]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- 50 mg, Elixir, PO, N/A [Greater Than or Equal To 12 year]
  Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- diphenhydrAMINE
  - 6.25 mg, Injection, IV, N/A, STAT [Less Than 2 year] (DEF)*
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
  - 12.5 mg, Injection, IV, N/A, STAT [2 - 6 year]
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
  - 25 mg, Injection, IV, N/A, STAT [6 - 12 year]
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
  - 50 mg, Injection, IV, N/A, STAT [Greater Than or Equal To 12 year]
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.

- ondansetron
  - 0.1 mg/kg, Oral Soln, PO, N/A, STAT [Less Than 20 kg] (DEF)*
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.
  - 2 mg, Orally Disintegrating Tab, PO, N/A, STAT [20 - 39.9 kg]
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.
  - 4 mg, Orally Disintegrating Tab, PO, N/A, STAT [40 - 59.9 kg]
    Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures.
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- Cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **8 mg, Orally Disintegrating Tab, PO, N/A, STAT [Greater Than or Equal To 60 kg]**
  - Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **ondansetron**
  - **0.1 mg/kg, Injection, IV, N/A, STAT [Less Than 20 kg] (DEF)***
    - Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **2 mg, Injection, IV, N/A, STAT [20 - 39.9 kg]**
  - Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **4 mg, Injection, IV, N/A, STAT [40 - 59.9 kg]**
  - Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **8 mg, Injection, IV, N/A, STAT [Greater Than or Equal To 60 kg]**
  - Comments: To be given 30 to 60 minutes prior to beginning of the infusion. Preferred administer time of these medications would be post tap of the Ommaya reservoir for CSF cultures. To be given every 6 hours as needed for nausea and vomiting post initial one time dose.

- **lidocaine-prilocaine 2.5%-2.5% topical cream**
  - 1 application, Cream, TOP, N/A [Less Than 2 year]
    - Comments: Apply to injection site upon arrival to unit prior to administration of Brineura

- **lidocaine 4% topical cream**
  - 1 application, Cream, TOP, N/A [Greater Than or Equal To 2 year]
    - Comments: Apply to injection site upon arrival to unit prior to administration of Brineura (NOTE)*

- **ondansetron**
  - **0.1 mg/kg, Oral Soln, PO, q6h, PRN Nausea/Vomiting, Routine [Less Than 20 kg] (DEF)***
  - **2 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine [20 - 39.9 kg]**
  - **4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine [40 - 59.9 kg]**
Physician Orders PEDIATRIC: LEB Brineura Administration Admit Plan

- **8 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine [Greater Than or Equal To 60 kg]**

- **Ondansetron**
  - **0.1 mg/kg, Injection, IV, q6h, PRN Nausea/Vomiting [Less Than 20 kg]** (DEF)*
  - **2 mg, Injection, IV, q6h, PRN Nausea/Vomiting [20 - 39.9 kg]**
  - **4 mg, Injection, IV, q6h, PRN Nausea/Vomiting [40 - 59.9 kg]**
  - **8 mg, Injection, IV, q6h, PRN Nausea/Vomiting [Greater Than or Equal To 60 kg]**

- **Acetaminophen**
  - **15 mg/kg, Liq, PO, q6h, Pain, Mild or Fever, Routine [Less Than 22 kg]** (DEF)*
    - Comments: For temperature greater than or equal to 38.2 celsius and/or mild pain/discomfort. Max dose = 75 mg/kg/day up to 4 grams/day
  - **325 mg, Liq, PO, q6h, Pain, Mild or Fever, Routine [22 - 32.9 kg]**
    - Comments: For temperature greater than or equal to 38.2 celsius and/or mild pain/discomfort. Max dose = 75 mg/kg/day up to 4 grams/day
  - **500 mg, Liq, PO, q6h, Pain, Mild or Fever, Routine [33 - 43.9 kg]**
    - Comments: For temperature greater than or equal to 38.2 celsius. Max dose = 75 mg/kg/day up to 4 grams/day
  - **650 mg, Liq, PO, q6h, Pain, Mild or Fever, Routine [Greater Than or Equal To 44 kg]**
    - Comments: For temperature greater than or equal to 38.2 celsius and/or mild pain/discomfort. Max dose = 75 mg/kg/day up to 4 grams/day

**Laboratory**

- **CSF Culture and Gram Stain**
  - STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
- **CSF Cell Count & Diff**
  - STAT, T;N, once, Type: CSF, Nurse Collect
- **CSF Glucose**
  - STAT, T;N, once, Type: CSF, Nurse Collect
- **CSF Protein**
  - STAT, T;N, once, Type: CSF, Nurse Collect

**Consults/Notifications/Referrals**

- **Notify Physician-Once**

- **Consult MD Group**
  - Notify neurosurgery nurse practitioner at the following number: 901-568-4778

- **Consult MD**
  - Reason for Consult: PED Neurosurgeon, Notify neurosurgery nurse practitioner at the following number: 901-568-4778
Physician Orders PEDIATRIC: LEB Brineura Administration Admit Plan

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