

	Orders Phase ets/Protocols/PowerPlans	
	Initiate Powerplan Phase	
_	Phase: LEB Brineura Administration Admit Phase	, When to Initiate:
LEB Br	rineura Admit Phase	·
_	sion/Transfer/Discharge	
	Patient Status Initial Outpatient	
	T;N Attending Physician:	
	Reason for Visit:	O T' - II - '' DTII
	Bed Type: Outpatient Status/Service: [] Ambulatory Surgery,	Specific Unit: DTU
	Outpatient Status/Service. [] Ambulatory Surgery,	
	Patient Status Initial Inpatient	Services
ш	_	
	☐ T;N Admitting Physician: Reason for Visit:	
	Reason for Visit:	
	Care Team:	Anticipated LOS: 2 midnights or more
	☐ <i>T;N</i> 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:	
	Bed Type: Med-Surg Specific Unit:	
_	Care Team:	_ Anticipated LOS: 2 midnights or more
$\overline{\mathbf{A}}$	Notify Physician-Once	
	Notify For: of patient's arrival to unit.	
Vital Si		
$\overline{\mathbf{A}}$	Vital Signs	6 - 2 - 2
	Monitor and Record T,P,R,BP, Pre BrineuraTrans	tusion.
$\overline{\mathbf{A}}$	Vital Signs	over 20 minutes V.2 than average bour Decord vital
	signs post transfusion.	every 30 minutes X 2 then every hour. Record vital
Activity	5 ,	
	Activity As Tolerated	
_	Up As Tolerated	
Food/N	lutrition	
	Regular Pediatric Diet	
Patient		
$\overline{\mathbf{A}}$	Height	
	Ŭ	



	Routine, upon arrival to unit		
$\overline{\mathbf{A}}$	Weight		
_	upon arrival to unit		
☑	Cardiopulmonary Monitor Monitor Type: CP Monitor, Special Instructions: Continuous		
$\overline{\mathbf{A}}$	O2 Sat Continuous Monitoring NSG		
Nursin	g Communication		
☑	Nursing Communication Place Shunt tap tray at patient bedside upon patient arrival.		
Medica			
	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)		
ш	dexamethasone 2 mg Tah PO N/A STAT Stat upon patient arrival, not to exceed 8 mg [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.		
	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 Equa 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] (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.		



	□ Ea	8 mg, Injection, IV, N/A, STAT, Stat upon patient arrival, not to exceed 8 mg [Greater Than or ual To 80 kg]
	-4	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.
	acetaminop	phen
		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, N/A [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		AMINE
		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, N/A [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, 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.	
ondansetro	on	
	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. 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.	
Ш	ondansetro	on	
		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		
		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]	



	8 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine [Greater Than or Equ To 60 kg]		
	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/discomformula Max dose = 75 mg/kg/day up to 4 grams/day	ort.	
	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/discomformula Max dose = 75 mg/kg/day up to 4 grams/day	ort.	
	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 and/or mild pain/discomformula Max dose = 75 mg/kg/day up to 4 grams/day	ort.	
	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/discomfo Max dose = 75 mg/kg/day up to 4 grams/day	ort.	
Labora	•		
☑	CSF Culture and Gram Stain STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect		
$\overline{\mathbf{Q}}$	CSF Cell Count & Diff		
	STAT, T;N, once, Type: CSF, Nurse Collect		
$\overline{\mathbf{A}}$	CSF Glucose		
☑	STAT, T;N, once, Type: CSF, Nurse Collect		
Ľ	CSF Protein STAT, T;N, once, Type: CSF, Nurse Collect		
Consu	s/Notifications/Referrals		
☑	Notify Physician-Once Notify: Neurosurgery Nurse Practitioner at 901-568-4778, Notify For: uncontrolled fever, vomiting, cardiac monitoring change, seizure.		
	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		



R-Required order

Date	Time	Physician's Signature	MD Number
*Report Leger	nd:		
DEF - This ord	er sentence is the default	for the selected order	
GOAL - This co	omponent is a goal		
IND - This com	ponent is an indicator		
INT - This com	ponent is an intervention		
IVS - This com	ponent is an IV Set		
NOTE - This co	omponent is a note		
Rx - This comp	oonent is a prescription		
SUB - This cor	nponent is a sub phase, s	ee separate sheet	