



Physician Orders PEDIATRIC: LEB GEN SURG Trauma Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase  
*Initiate LEB GEN SURG Trauma Admit Phase, When to Initiate: \_\_\_\_\_*

LEB GEN SURG Trauma Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient  
*T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: Trauma Services  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more*

Vital Signs

- Vital Signs  
*Monitor and Record T,P,R,BP, per unit protocol*
- Vital Signs  
*Monitor and Record T,P,R,BP, q2h(std)*
- Vital Signs w/Neuro Checks  
*Monitor and Record T,P,R,BP, q2h(std)*
- Vital Signs  
*Monitor and Record Temp, Maintain normothermia 37-37.9C for Traumatic Brain Injury Patients*

Activity

- Bedrest
- Bedrest  
*with complete spinal precautions- log roll only*
- Ambulate  
*with cervical collar at all times*
- Activity As Tolerated  
*Up Ad Lib*

Food/Nutrition

- NPO
- NPO  
*Instructions: NPO except for ice chips, Maximum 30mL/shift*
- Clear Liquid Diet  
*Start at: T;N*
- Regular Pediatric Diet

Patient Care

- Advance Diet As Tolerated
- Neurovascular Checks  
*q2h(std), neurovascular (pulse, sensation, motor) checks to \_\_\_\_\_*
- Glasgow Coma Scale Assessment  
*Routine, q-shift For 48 hr, GCS to be obtained while patient is off sedation.*
- O2 Sat Continuous Monitoring NSG





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- q2h(std)*
- Intake and Output  
*Routine, q2h(std)*
  - Hepwell Insert/Site Care LEB  
*Routine, q2h(std)*
  - Cardiopulmonary Monitor  
*Monitor Type: CP Monitor, Special Instructions: Upon arrival to floor*
  - Dressing Care  
*keep dressings dry, reinforce if soiled*
  - Wound Care  
*Frequency: tid, Topical Therapy: Other (See Special Instructions), wash wounds with washcloth and water then apply prescribed antibiotic ointment*
  - Incentive Spirometry NSG  
*q2h-Awake*

**Respiratory Care**

- Oxygen Delivery

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus  
*10 mL/kg, Injection, IV, once, STAT, ( infuse over 1 hr )*
- D5 1/2 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, Replacement IV Fluids, Replace NG output mL:mL every \_\_\_\_ hours over \_\_\_\_ hours.*
- Lactated Ringers Injection  
*1,000 mL, IV, Routine, Replacement IV Fluids, Replace NG output mL:mL every \_\_\_\_ hours over \_\_\_\_ hours.*
- Sodium Chloride 0.9%  
*1,000 mL, IV, Routine, mL/hr*
- D5NS  
*1,000 mL, IV, Routine, mL/hr*

**Medications**

- LEB MorPHINE PCA(SUB)\*
- +1 Hours** acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)\*  
Comments: May give PR if unable to take PO*
  - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day*
- +1 Hours** acetaminophen  
*10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day  
Comments: May give PR if unable to take PO*
- +1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution  
*0.15 mg/kg, Elixir, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), Max dose = 10 mg (5mL = 2.5mg HYDROcodone)*





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- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), (1 tab = 5 mg HYDROcodone)*
- +1 Hours** morphine  
*0.05 mg/kg, Ped Injectable, IV Push, q3h, PRN Pain, Severe (8-10), STAT, (for 3 day ), Max initial dose = 4 mg*
- +1 Hours** clindamycin  
*10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Reason for ABX: Prophylaxis, Max Dose = 4.8 grams/day*
- +1 Hours** ceFAZolin  
*25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Reason for ABX: Prophylaxis, Max dose = 1 gram*
- +1 Hours** famotidine  
*0.5 mg/kg, Ped Injectable, IV, bid, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day*
- +1 Hours** ondansetron  
*0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea, Routine, Max dose = 8 mg*
- +1 Hours** bacitracin/neomycin/polymyxin B 400 units-3.5 mg-5000 units/g topical ointment  
*1 application, Ointment, TOP, tid, Routine, Apply to Wounds*
- +1 Hours** bacitracin 500 units/g topical ointment  
*1 application, Ointment, TOP, tid, Routine, Apply to Facial Wounds*
- +1 Hours** docusate  
*100 mg, Cap, PO, bid, Routine, Hold for loose stools*
- +1 Hours** docusate  
*50 mg, Cap, PO, bid, Routine, Hold for loose stools*
- +1 Hours** docusate  
*2.5 mg/kg, Liq, PO, bid, Routine, Hold for loose stools, Max dose = 100 mg*
- +1 Hours** bisacodyl  
*10 mg, Supp, PR, once, Routine*

#### Laboratory

NOTE: Ordering Provider, date and time the hematocrit and hemoglobin orders below for 6 hours, 12 hours, and 24 hours post injury.(NOTE)\*

- Hematocrit & Hemoglobin  
*Time Study, T+1;0600, once, Type: Blood*  
*Comments: Ordering Provider, date and time order for 6 hours post injury.*
- Hematocrit & Hemoglobin  
*Time Study, T+1;0600, once, Type: Blood*  
*Comments: Ordering provider, date and time order for 12 hours post injury.*
- Hematocrit & Hemoglobin  
*Time Study, T+1;0600, once, Type: Blood*  
*Comments: Ordering provider, date and time the order for 24 hours post injury.*
- CBC  
*Time Study, T+1;0600, once, Type: Blood*
- BMP  
*Time Study, T+1;0600, once, Type: Blood*
- CMP





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- Time Study, T+1;0600, once, Type: Blood*  
Lactate Level
- Time Study, T+1;0600, once, Type: Blood*  
Amylase Level
- Time Study, T+1;0600, once, Type: Blood*  
Lipase Level
- Time Study, T+1;0600, once, Type: Blood*  
Urinalysis w/Reflex Microscopic Exam
- Routine, T;N, once, Type: Urine, Nurse Collect*

**Diagnostic Tests**

- Portable CXR  
*T+1;0400, Routine, Portable*
- Chest PA & Lateral  
*T+1;0400, Routine, Wheelchair*

**Consults/Notifications/Referrals**

- Notify Physician For Vital Signs Of  
*Notify: Surgery Resident on call, Celsius Temp > rectal temp of 38.5, Oxygen Sat < 93%, Urine Output < 1mL/kg/hr, HCT < 25, tachycardia (20 above normal rate for age), tachypnea (10 above normal rate for age), and decreasing systolic BP, mental status cha*
- Notify Physician-Once  
*Notify: Physician, Notify For: Glasgow coma scale assessment score less than 9 in first 48 hours.*
- Notify Physician-Once  
*Notify: PCP, Notify For: of admission in AM*
- Consult Child Life  
*Other, Specify in Comments, Trauma Patient*
- Physical Therapy Ped Eval & Tx  
*Routine, Special Instructions: Trauma Patient*
- Dietitian Consult/Nutrition Therapy  
*Routine, Type of Consult: Nutrition Management, Special Instructions: Trauma Brain Injury Patients need parenteral or enteral nutrition within 24 hours of admission.*
- Consult Medical Social Work  
*Reason: Other, specify, Trauma Patient*
- Consult Physician Group

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



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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

