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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- 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
- Amylase Level
- Lipase Level
- Urinalysis w/Reflex Microscopic Exam

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 within24 hours of admission.
- Consult Medical Social Work
  Reason: Other, specify, Trauma Patient
- Consult Physician Group

_________   _________________   _________________   _________________
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